


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 013 ****70.00

DOCUMENT # N06000001289					
1. Entity Name MARANATHA ASSEMBLY OF GOD OF JACKSONVILLE INC.					
Principal Place of Business 6242 SOUTEL DR. JACKSONVILLE, FL 32219			Mailing Address P.O. BOX 6752 JACKSONVILLE, FL 32236		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1648940	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALICEA, ELIUT I 8854 ROSE HILL DR. N. JACKSONVILLE, FL 32221			Name BULLINGTON, WYNETTE		
			Street Address (P.O. Box Number is Not Acceptable) 16411 VILLAGE GREEN DR N		
			City JACKSONVILLE FL Zip Code 32234		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Wynette Bullington</i></u> (NOTE: Registered Agent signature required when reinstating) 4-20-08 DATE					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICEA, ELIUT I		NAME	MCALL, REV. A. G.	
STREET ADDRESS	8854 ROSE HILL DR. N.		STREET ADDRESS	12447 SAGO AVE N	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLINGTON, WYNETTE		NAME		
STREET ADDRESS	16411 VILLAGE GREEN DR. NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, GERALD		NAME		
STREET ADDRESS	3145 TROUT RIVER BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, BETTY		NAME		
STREET ADDRESS	10953 FALKLAND RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Wynette Bullington</i></u> 4-20-08 (904) 266-2109 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					