


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N09065 1. Entity Name MARANATHA FAITH AND REVIVAL CHURCH, INC.	
---	---

Principal Place of Business 2656 S.W. 87TH AVE. MIAMI, FL 33165	Mailing Address 2656 S.W. 87TH AVE. MIAMI, FL 33165
---	---

DO NOT WRITE IN THIS SPACE



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2531409	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, IRMA E.
2656 S.W. 87TH AVE.
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

UD00000902039
04/29/08-80090-021 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, IRMA E 10440 SW 51 ST. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUGO, HENRY 9244 SW 154 AVE. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, MISAEAL 10440 SW 51 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, VICENTE R 11007 SW 25TH ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 *Irma E Perez / IRMA PEREZ P.D.* **4/9/08** **305-559-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #