


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

|   |   |
|---|---|
| <b>DOCUMENT # N09065</b><br>1. Entity Name<br><b>MARANATHA FAITH AND REVIVAL CHURCH, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2656 S.W. 87TH AVE.<br/>MIAMI, FL 33165</b> | Mailing Address<br><b>2656 S.W. 87TH AVE.<br/>MIAMI, FL 33165</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-NP CR2E037 (4/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-2531409</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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**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** **305-519-000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #