

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19164** (5)

1. Corporation Name

MINISTERIO RADIAL MARANATHA INC.



Principal Place of Business

Mailing Address

~~4545 S. KIRKMAN ROAD~~
~~APT. 2~~
ORLANDO FL 32811

~~P.O. BOX 616254~~
~~ORLANDO FL 32801-6254~~
US

3. Date Incorporated or Qualified

02/10/1987

3a. Date of Last Report

06/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **422 Bali Terrace**

25 **422 Bali Terrace**

4. FEI Number

59-2887760

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

23 City & State

27 City & State
Deltona, Florida

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be Added to Fees

24 Zip

Country

Zip

Country

32725

Volucia

32725

Volucia

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSQUES, MALAQUIAS

~~4545 S. KIRKMAN ROAD~~
~~APT. 2~~
ORLANDO FL 32811

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **422 Bali Terrace**

84 City

Deltona,

FL

85 Zip Code

32725

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD BOSQUES, MALAQUIAS**
STREET ADDRESS ~~4545 S. KIRKMAN ROAD~~
CITY-ST-ZIP ~~ORLANDO FL 32811~~

TITLE ☒ DELETE

NAME **SD PEREZ, DENIA**
STREET ADDRESS ~~3742 CONNOR AVE~~
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **TD BOXQUES, ROSABELLE**
STREET ADDRESS ~~4545 S. KIRKMAN ROAD~~
CITY-ST-ZIP ~~ORLANDO FL 32811~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **422 Bali Terrace**
1.4 CITY-ST-ZIP **Deltona FL 32725**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Lucila Pacheco**
2.3 STREET ADDRESS **481 Hopkins St.**
2.4 CITY-ST-ZIP **Lakeland, FL 33809**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Bosques Rosabelle**
3.3 STREET ADDRESS **422 Bali Terrace**
3.4 CITY-ST-ZIP **Deltona, FL 32725**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **800001846988**
6.3 STREET ADDRESS **-06/03/96--01015--006**
6.4 CITY-ST-ZIP *****75.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malaguia Bosques

4/25/96

Date

407 860-1403
407-481-8026

Daytime Phone #

CR2E037 (12/95)