## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N9400000960 (4)

## MARANATHA NEW LIFE CENTER, INCORPORATED

					F HORFING! BIO TOTTO MENOL BOSIL ONLIL O	Eift Bäitt Meit) Barte taita artit aart taar
Principal Place of Business Mailing Address  304 W. 27TH STREET  304 W. 27TH STREET						
304 W. 27TH : SANFORD FL	* * * * * = =	SAMFORD FL 3277				
SMITONDIL	Veri				3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 08/09/1995
Dringing Dis	ace of Business	2a. Mailing Address	·····		4. FEI Number	Applied For
21	goe of Eddiness	26			NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	ry	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes □ No
24	g Name and Address of Curr		<del> \``\</del>		10. Name and Address of New Ro	egistered Agent
				1 Name		
COLECIN	JAMES W		F <sub>a</sub>	2 Street Add	ress (P.O. Box Number is Not Acceptable	(e)
GRIFFIN, JAMES W 304 W. 27TH STREET				Sirect rein		
	D FL 32771		1	13		
SANTON	D 1 L 32111		<u>-</u>	4 City		85 Zip Code
					ration submits this statement for the pur	FL   T
familiar wi	ith, and accept the obligations of Sc Signature, typed or printed name of registered as	ection 617.0503, Fiorida St	atutes.	gent signature require	ration southers in statement of the pour ration of directors. I hereby accept the appoint of the appoint of the renstating.	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	PT	DELET	E 1.1 TIT	E		Change Addition
NAME	GRIFFIN, JAMES W		1.2 NAI	ME		
STREET ADDRESS	304 W. 27TH STREET		1.3 STF	EET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771			r-ST-ZIP		
TITLE	D	E TOP, CTC		.E		☐ Change ☐ Addition
NAME	GILCHRIST, KEVIN		2.2 NA	AE		
STREET ADDRESS	304 W. 27TH STREET		2.3 STF	EET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771			Y - ST - ZIP		Ci Chanca Ci Addisina
TITLE	D	DELE	Έ 3.1 ΤΙΤ	.E		Change Addition
NAME	GILL, JAMES		3 2 NA	ME		
STREET ADDRESS	304 W. 27TH STREET		3351	IEET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771			Y-SI-ZIP		Change Addition
TITLE	D	DELE	TE 4.1 TIT	TE		L Charge L Addition
NAME	DAVIS, LEWIS		4. 2 NA	WE		
STREET ADORESS	304 W. 27TH STREET		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771			Y-ST-ZIP		Change Addition
TITLE	D	DELE				☐ Change ☐ Addition
NAME	JONES, MARVIN		5.2 NA	ME		
CTREET ADDRESS	304 W 27TH STREET		5.3 ST	REET ADDRESS		

5 4 CITY - ST- ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

61 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SANFORD FL 32771

304 W. 27TH STREET

SANFORD FL 32771

THOMAS, FRANK

or on an attachment with an address.

DELETE

14. If 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 coath, 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.

Change

Addition

CR2E037 (12/95)