

# 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 # N94000001339 (0)**

1. Corporation Name

**MARANATHA CHRISTIAN CENTER, INC.**



Principal Place of Business

Mailing Address

**8 CYPRESS DR  
EUSTIS FL 32726**

**PO BOX 350069  
GRAND ISLAND FL 32735**

3. Date Incorporated or Qualified  
**03/14/1994**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

4. FEI Number

**59-3238167**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

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

**FEHRMANN, HENRY  
8 CYPRESS DR  
EUSTIS FL 32726**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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 **Henry Fehrmann, President**

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

*Henry Fehrmann* **March 30, 1996**

(NOTE: Registered Agent Signature required when re-statuting)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **WHITE, NATHAN**  
STREET ADDRESS **3020 RUBY DR**  
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☒ DELETE  
NAME **PASTOR ALLEN SPEEGLE**  
STREET ADDRESS **35342 RADIO RD**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **D** ☐ DELETE  
NAME **DEAN HARRIS**  
STREET ADDRESS **3212 GARLAND WAY**  
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Harold Henry**  
1.3 STREET ADDRESS **2035 TR 30**  
1.4 CITY-ST-ZIP **ADA, OH 15810**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **STEVEN COLYER**  
2.3 STREET ADDRESS **553 NW 13th Dr. PO BOX 765**  
2.4 CITY-ST-ZIP **Lake Panasoffkee, FL. 33538**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Perry Strazis**  
3.3 STREET ADDRESS **430 Altaloma Ave.**  
3.4 CITY-ST-ZIP **Orlando, Fla. 33803-5535**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **DAVID L WEISS**  
4.3 STREET ADDRESS **638 George CT.**  
4.4 CITY-ST-ZIP **MOUNT DORA, FL. 32757**

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  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Henry Fehrmann* **Henry Fehrmann** **3/30/96** **352-793-9535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)