

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

8 CYPRESS DR
EUSTIS FL 32726

Mailing Address

PO BOX 350069
GRAND ISLAND FL 32735-00693. Date Incorporated or Qualified
03/14/19943a. Date of Last Report
05/28/19964. FEI Number
59-3238167Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FEHRMANN, HENRY
8 CYPRESS DR
EUSTIS FL 32726

10. Name and Address of New Registered Agent

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

Signature: typed or printed name of registered agent and (fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HENRY, HAROLD
STREET ADDRESS 2035 TR 30
CITY - ST - ZIP ADA OHTITLE D ☐ DELETE
NAME COLYER, STEVEN
STREET ADDRESS 553 NW 13TH DR. PO BOX 765
CITY - ST - ZIP LAKE PANASOFFKEE FLTITLE D ☒ DELETE
NAME DEAN HARRIS
STREET ADDRESS 3212 GARLAND WAY
CITY - ST - ZIP MT.DORA FL 32757TITLE D ☐ DELETE
NAME STRAZIS, PERRY
STREET ADDRESS 430 ALTALOMA AVE.
CITY - ST - ZIP ORLANDO FLTITLE D ☐ DELETE
NAME WEISS, DAVID L
STREET ADDRESS 638 GEORGE CT.
CITY - ST - ZIP MOUNT DORA FLTITLE D ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MATTHEW M. FEHRMANN ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS 8 Cypress Dr.
1.4 CITY - ST - ZIP Eustis, FL 327262.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Hollace W. Fehemann
3.3 STREET ADDRESS 8 Cypress DR.
3.4 CITY - ST - ZIP Eustis, FL. 327264.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/17/97 352793-7535
Date Daytime Phone # 0015736

CR2E037 (9/96)