

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 20 1998 8:00am
Secretary of State

0002455

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number 59-3238167	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

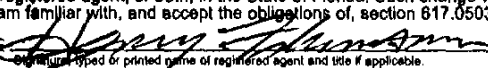
10. Name and Address of New Registered Agent

FEHRMANN, HENRY
8-CYPRESS DR
EUSTIS FL 32726

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Fehrman

(NOTE: Registered Agent signature required when reinstating)

June 30, 1998

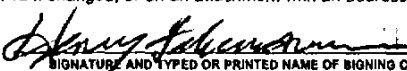
DATE

12. P/S OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FEHRMANN, MATTHEW M
STREET ADDRESS	8 CYPRESS DRIVE
CITY-ST-ZIP	EUSTIS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COLYER, STEVEN
STREET ADDRESS	553 NW 13TH DR. PO BOX 765
CITY-ST-ZIP	LAKE PANASOFFKEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FEHEMANN, HOLLACE W
STREET ADDRESS	8 CYPRESS DRIVE
CITY-ST-ZIP	EUSTIS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STRAZIS, PERRY
STREET ADDRESS	430 ALTALOMA AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEISS, DAVID L
STREET ADDRESS	638 GEORGE CT.
CITY-ST-ZIP	MOUNT DORA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARK JOHN
1.3 STREET ADDRESS	723 W. ALFRED ST.
1.4 CITY-ST-ZIP	TAVARES, FL. 32778
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:



Henry Fehrman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30, 1998 352-773-7535

Date

Daytime Phone #

CR2E037 (5/98)