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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90008 009 \*\*\*\*70.00

DOCUMENT # N94000001339

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/14/1994

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME FEHRMANN, MATTHEW M  
STREET ADDRESS 8 CYPRESS DRIVE  
CITY-ST-ZIP EUSTIS FL

TITLE D ☐ DELETE  
NAME COLYER, STEVEN  
STREET ADDRESS 553 NW 13TH DR. PO BOX 765  
CITY-ST-ZIP LAKE PANASOFFKEE FL

TITLE D ☒ DELETE  
NAME FEHEMANN, HOLLACE W  
STREET ADDRESS 8 CYPRESS DRIVE  
CITY-ST-ZIP EUSTIS FL

TITLE D ☒ DELETE  
NAME CLARK, JOHN  
STREET ADDRESS 723 WEST ALFRED STREE  
CITY-ST-ZIP TAVARES FL 32778

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 D ☒ Change ☐ Addition  
1.2 NAME FEHRMANN, MATTHEW M  
1.3 STREET ADDRESS 8 CYPRESS DRIVE  
1.4 CITY-ST-ZIP EUSTIS, FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME CHARON M. BOGNER  
2.3 STREET ADDRESS 11549 US HWY 301  
2.4 CITY-ST-ZIP OXFORD, FL.

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME FEHRMANN HOLLACE W  
3.3 STREET ADDRESS 8 CYPRESS DRIVE  
3.4 CITY-ST-ZIP EUSTIS, FL

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME CLARK, JOHN  
4.3 STREET ADDRESS 723 WEST ALFRED STREET  
4.4 CITY-ST-ZIP TAVARES FL. 32778

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME ARTHUR J. CHANDLER  
5.3 STREET ADDRESS 112 HUEY STREET  
5.4 CITY-ST-ZIP WILDWOOD, FL

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME JOHN R. MILLER  
6.3 STREET ADDRESS 1608 MEADOW STREET  
6.4 CITY-ST-ZIP WILDWOOD, FL.

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 10 1999* 352-330-4033  
Date Daytime Phone #

CR2E037 (1/98)