

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001339

1. Entity Name

MARANATHA CHRISTIAN CENTER, INC.

Principal Place of Business

8 CYPRESS DR  
EUSTIS FL 32726

Mailing Address

PO BOX 350069  
GRAND ISLAND FL 32735-0069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3238167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEHRMANN, HENRY  
8 CYPRESS DR  
EUSTIS FL 32726

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME BOGNER, CHARON M  
STREET ADDRESS 11549 US HWY 301  
CITY-ST-ZIP OXFORD FL

TITLE D ☐ Change ☒ Addition  
NAME JOHN R MILLER  
STREET ADDRESS 1608 MEADOW STREET  
CITY-ST-ZIP WILDWOOD, FL. 34785

TITLE D ☐ Delete  
NAME FEHRMANN, HOLLACE W  
STREET ADDRESS 8 CYPRESS DR  
CITY-ST-ZIP EUSTIS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CLARK, JOHN  
STREET ADDRESS 723 W ALFRED ST  
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☐ Change ☒ Addition  
NAME HENRY FEHRMANN  
STREET ADDRESS 8 CYPRESS DRIVE  
CITY-ST-ZIP EUSTIS, FL. 32726

TITLE D ☐ Delete  
NAME CHANDLER, ARTHUR J  
STREET ADDRESS 112 HUEY ST  
CITY-ST-ZIP WILDWOOD FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

JAN. 10, 2000

352-330-2313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90005 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE