→2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

FILED Mar 18, 2005 08:00 AM Secretary of State DOCUMENT # N94000001339 1. Entity Name MARANATHA CHRISTIAN CENTER, INC. Mailing Address Principal Place of Business PO BOX 7707 DAYTONA BEACH SHORES FL 32116 3 OCEANS WEST BLVD. DAYTONA BACH FL 32118 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-3238167 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEHRMANN, HENRY Street Address (P.O. Box Number is Not Acceptable) 3 OCEANS WEST BLVD. #6A4 DAYTONA BACH FL 32118 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Due By May 1, 2005 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. THUE ☐ Change Addition TITLE Delete FEHRMANN, MATTHEW M NAME NAME U00000269093 8 CYPRESS DRIVE STREET ADDRESS STREET ADDRESS 03/18/05-80070-007 70.00 EUSTIS FL 32726 CITY-ST-ZIP CHY-SI-ZE Delete TITLE ☐ Change Addition TITLE FEHRMANN, KRISTINA NAME 8 CYPRESS DRIVE STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition Delete TITLE DUE FEHRMANN, HOLLACE W NAME NAME 8 CYPRESS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete FEHRMANN, HENRY NAME 8 CYPRESS DRIVE STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition DILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

LENRY FEHRMANN 3.11.05 306, 322,5399