


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N94000001339 |  |
| 1. Entity Name MARANATHA CHRISTIAN CENTER, INC. | |

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| Principal Place of Business 3 OCEANS WEST BLVD. #6A4 DAYTONA BACH FL 32118 | Mailing Address PO BOX 7707 DAYTONA BEACH SHORES FL 32116 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc | 3. Mailing Address Suite, Apt #, etc |
|---|---|

2nd MOORE CR2E037 (4/07)

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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3238167 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FEHRMANN, HENRY 3 OCEANS WEST BLVD. #6A4 DAYTONA BACH FL 32118 | |
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| 7. Name and Address of New Registered Agent | |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By September 5, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FEHRMANN, MATTHEW M 8 CYPRESS DRIVE EUSTIS FL 32726 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000770425 07/25/07-80003-007 70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FEHRMANN, KRISTINA 8 CYPRESS DRIVE EUSTIS FL 32726 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FEHRMANN, HOLLACE W 8 CYPRESS DR EUSTIS FL 32726 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FEHRMANN, HENRY 8 CYPRESS DRIVE EUSTIS FL 32726 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/19/07 386.322.5399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #