

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003991 (6)

1. Corporation Name

EGLISE EVANGELIQUE MARANATHA, INC.

Principal Place of Business

7297 N.W. 2ND AVE.
MIAMI FL 33150

Mailing Address

7297 N.W. 2ND AVE.
MIAMI FL 33150



3. Date Incorporated or Qualified
08/05/1994

3a. Date of Last Report
08/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD. #205
MIAMI FL 33161

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **KINGSTON, GUERRIER**
STREET ADDRESS **582 NW 94TH STREET**
CITY-ST-ZIP **MIAMI FL 33150**

☐ DELETE

1.1 TITLE **Rev. Guerrier Kingston**
1.2 NAME **9841 NW 23 Ave**
1.3 STREET ADDRESS **MIAMI Florida 33147**
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DV**
NAME **JOSEPH LEON**
STREET ADDRESS **3175 NW 90TH STREET**
CITY-ST-ZIP **MIAMI FL 33147**

☐ DELETE

2.1 TITLE **Jean Smith Almond**
2.2 NAME **565 N.W. 129 Street**
2.3 STREET ADDRESS **MIAMI Florida 33168**
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DS**
NAME **FORGES, JEAN F**
STREET ADDRESS **11744 NW 22ND COURT**
CITY-ST-ZIP **MIAMI FL 33167**

☐ DELETE

3.1 TITLE **Fernise Guerrier**
3.2 NAME **9841 NW 23 Ave**
3.3 STREET ADDRESS **MIAMI Florida 33147**
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **ETIENNE, FELICIA**
STREET ADDRESS **2920 N.W. 100TH ST**
CITY-ST-ZIP **MIAMI FL 33147**

☐ DELETE

4.1 TITLE **Etienne Felicia**
4.2 NAME **2920 N.W. 100th Street**
4.3 STREET ADDRESS **MIAMI Florida 33147**
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee, or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)