

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT

1996/997



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

APPROVED
AND
FILED

97 MAR 18 PM 12:55

DOCUMENT # N94000003991 (6)

1. Corporation Name

EGLISE EVANGELIQUE MARANATHA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[Blank]

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DV
Maxon Hypolyte
2175 NE 169 St
N. MIAMI Beach Florida 33181

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DS
Jean Smith Almonor
565 NW 129 St.
N. MIAMI Florida 33168

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
900002119939-4
-03/20/97--01145--002
*****61.25 *****61.25

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

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

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-97 (305) 696-8059

CP2E037 (3/96)