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May 21 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/05/1994

4. FEI Number

65-0532377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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

Christopher P. Kelley

NOTE: Registered Agent signature required when reinstating

DATE

5/11/98

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KINGSTON, GUERRIER
STREET ADDRESS 9841 NW 23 AVE.
CITY-ST-ZIP MIAMI FL 33147

TITLE DV
NAME HYPOLYTE, MAXON
STREET ADDRESS 2175 N.E. 169 STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33181

TITLE DS
NAME ALMONOR, JEAN SMITH
STREET ADDRESS 565 N.W. 129 STREET
CITY-ST-ZIP N. MIAMI FL 33168

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Kingston Guerrier
1.3 STREET ADDRESS 7297 NW 2nd Ave
1.4 CITY-ST-ZIP MIAMI FL 33150

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

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

4.1 TITLE T
4.2 NAME Etienne Felicia
4.3 STREET ADDRESS 2920 NW 100 Street
4.4 CITY-ST-ZIP MIAMI FL 33147

5.1 TITLE DC
5.2 NAME Edouard Gheomme
5.3 STREET ADDRESS 9841 NW 23 Ave
5.4 CITY-ST-ZIP MIAMI FL 33147

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

14. 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 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 on an attachment with an address.

SIGNATURE:

Guerrier Kingston 4-15-98 488-9850

CR2E037 (10/97)