


FILE NOW: FILING FEE IS \$61.25

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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90074 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003991					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/05/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0532377	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINGSTON, GIERRE			1.2 NAME	GUERRIER KINGSTON		
STREET ADDRESS	7299 NW 2ND AVE			1.3 STREET ADDRESS	7297 NW 2nd Ave		
CITY-ST-ZIP	MIAMI FL 33150			1.4 CITY-ST-ZIP	MIAMI FL. 33150		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAXON, HYPOLYTE			2.2 NAME	Maxon Hypolyte		
STREET ADDRESS	2175 N.E. 169 STREET			2.3 STREET ADDRESS	2175 N.E. 169 St # 210		
CITY-ST-ZIP	N. MIAMI BEACH FL 33181			2.4 CITY-ST-ZIP	N. MIAMI FL. 33181		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	DS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALMONOR, JEAN SMITH			3.2 NAME	Almonor Jean Smith		
STREET ADDRESS	565 N.W. 129 STREET			3.3 STREET ADDRESS	565 NW 129 St		
CITY-ST-ZIP	N. MIAMI FL 33168			3.4 CITY-ST-ZIP	N. MIAMI FL. 33168		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ETIENNE, FELICIA			4.2 NAME	Etienne Felicia		
STREET ADDRESS	2920 N.W. 100TH ST.			4.3 STREET ADDRESS	2920 N.W. 100 St		
CITY-ST-ZIP	MIAMI FL 33147			4.4 CITY-ST-ZIP	MIAMI FL. 33147		
TITLE	DC	<input type="checkbox"/> DELETE		5.1 TITLE	DC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLEHOMME, EDUARDO			5.2 NAME	DC. Mericin Francois		
STREET ADDRESS	9841 NW 23RD AVE			5.3 STREET ADDRESS	3260 NW 174 St		
CITY-ST-ZIP	MIAMI FL 33147			5.4 CITY-ST-ZIP	MIAMI FL. 33169		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	DC. Mericin Francois	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	Clehomme-Eduard		
STREET ADDRESS				6.3 STREET ADDRESS	9841 NW 23rd Ave		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	MIAMI FL. 33147		

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, with all other like empowered.

SIGNATURE: *Guerrier Kingston* President
 3/12/99 (305) 685-3982
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)