

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:34

DOCUMENT # N94000004620 (O)

1. Corporation Name

**MARANATHA CHRISTIAN CHURCH ASSEMBLIES OF GOD, IN
C.**

Principal Place of Business

**6333 FUNSTON STREET
HOLLYWOOD FL 33023**

Mailing Address

**6333 FUNSTON STREET
HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

4. FEI Number

65-0521250

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLA, PEDRO O
6333 FUNSTON STREET
HOLLYWOOD FL 33023**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOLA, PEDRO O
STREET ADDRESS	6333 FUNSTON STREET
CITY - ST - ZIP	HOLLYWOOD FL 33023
TITLE	SD
NAME	LAPORTE, RAMONITA
STREET ADDRESS	978 S.W. 10TH DRIVE
CITY - ST - ZIP	POMPANO BEACH FL 33060
TITLE	TD
NAME	AVILA, JOSE M
STREET ADDRESS	6033 N.E. 3RD STREET
CITY - ST - ZIP	MARGATE FL 33063
TITLE	D
NAME	MACIAS, ERNESTO
STREET ADDRESS	3141 N.W. 47TH TERR., #230
CITY - ST - ZIP	LAUDERDALE LAKES FL 33319
TITLE	D
NAME	MACIAS, MARIA
STREET ADDRESS	3141 N.W. 47TH TERR., #230
CITY - ST - ZIP	LAUDERDALE LAKES FL 33319
TITLE	D
NAME	BERMUDEZ, ENRIQUE
STREET ADDRESS	4910 N.W. 55TH COURT
CITY - ST - ZIP	TAMARAC FL 33321

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	SD
23 STREET ADDRESS	ROSARIO, RUTH D.
24 CITY - ST - ZIP	6333 FUNSTON STREET HOLLYWOOD FL 33023
31 TITLE	☒ Change ☐ Addition
32 NAME	TD
33 STREET ADDRESS	LAPORTE, RAMONITA
34 CITY - ST - ZIP	978 S.W. 10TH DRIVE POMPANO BEACH FL 33060
41 TITLE	☒ Change ☐ Addition
42 NAME	B
43 STREET ADDRESS	CEPEDA, MARIA CRISTINA
44 CITY - ST - ZIP	7100 N.W. 70th AVE TAMARAC FL 33321
51 TITLE	☒ Change ☐ Addition
52 NAME	D
53 STREET ADDRESS	AVILA, ESPERANZA
54 CITY - ST - ZIP	6033 N.E. 3RD STREET MARGATE FL 33063
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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 as chairman or as an attachment with an address.

SIGNATURE:

PEDRO O. SOLA

6/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #