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 # N94000004620 (0)

1. Corporation Name
MARANATHA CHRISTIAN CHURCH ASSEMBLIES OF GOD, INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 09/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6901 NW 70 AVE.	26 P.O. Box 25636
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMARAC, FL	City & State 28 TAMARAC, FL
Zip 24 33321 Country 25 USA	Zip 29 33320 Country 30 USA

4. FEI Number: 65-0521250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name: Solá, Pedro O.
82 Street Address (P.O. Box Number is Not Acceptable): 3700 NW 79 AVE
83
84 City: Coral Springs FL 85 Zip Code: 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Solá, Pedro O	12 NAME	
STREET ADDRESS	3700 NW 79 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33065	14 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Rosario, Ruth D.	22 NAME	200001858732
STREET ADDRESS	3700 NW 79 AVE	23 STREET ADDRESS	-06/11/96--01157--027
CITY-ST-ZIP	Coral Springs, FL 33065	24 CITY-ST-ZIP	***8.75
TITLE	TD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Laporte, Ramonita	32 NAME	300001858733
STREET ADDRESS	978 SW 10th DRIVE	33 STREET ADDRESS	-06/11/96--01157--028
CITY-ST-ZIP	Pompano Beach, FL 33060	34 CITY-ST-ZIP	***61.25
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Cepeda, Maria Cristina	42 NAME	
STREET ADDRESS	7100 NW 70th AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	D ☒ Change ☐ Addition
NAME		52 NAME	SANCHEZ, PABLO
STREET ADDRESS		53 STREET ADDRESS	8011 NW 44Ct
CITY-ST-ZIP		54 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	☐ DELETE	61 TITLE	D ☒ Change ☐ Addition
NAME		62 NAME	MADERA, IVAN
STREET ADDRESS		63 STREET ADDRESS	7312 NW 76 DR
CITY-ST-ZIP		64 CITY-ST-ZIP	TAMARAC, FL. 33321

CR2E037 (12/95)

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 added by attachment with an address.

SIGNATURE: _____ Pedro O. Solá 5-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #