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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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, IN
C.

Principal Place of Business

Mailing Address

6901 NW 70 AVE.
TAMARAC FL 33321
US

P.O. BOX 25636
TAMARAC FL 33320-5636
US



3. Date Incorporated or Qualified
09/16/1994

3a. Date of Last Report
06/11/1996

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

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLA, PEDRO O
3700 NW 79 AVE
CORAL SPRINGS FL 33065

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SOLA, PEDRO O
STREET ADDRESS 3700 NW 79 AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33065

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME ROSARIO, RUTH D
STREET ADDRESS 3700 NW 79 AVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME LAPORTE, RAMONITA
STREET ADDRESS 978 SW 10TH DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33060

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CEPEDA, MARIA C
STREET ADDRESS 7100 N.W. 70TH AVE
CITY-ST-ZIP TAMARAC FL 33321

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SANCHEZ, PABLO
STREET ADDRESS 8011 NW 44CT
CITY-ST-ZIP CORAL SPRINGS FL 33065

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 10297 NW 33rd
5.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D ☐ DELETE
NAME MADERA, IVAN
STREET ADDRESS 7312 NW 76 DR
CITY-ST-ZIP TAMARAC FL 33321

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

14. I do 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036796

CR2E037 (9/96)