

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

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1. Corporation Name

MARANATHA CHRISTIAN CHURCH ASSEMBLIES OF GOD, IN
C.

Principal Place of Business

6901 NW 70 AVE.
TAMARAC FL 33321
US

Mailing Address

P.O. BOX 25636
TAMARAC FL 33320
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/16/1994

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

TITLE APTD
NAME VALENTIN, JOSUE
STREET ADDRESS 2222 POLK ST APT 4
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE D
NAME SANCHEZ, PABLO
STREET ADDRESS 10297 NW 33RD ST
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SOLA, PEDRO O.
1.3 STREET ADDRESS 12262 W SAMPLE RD.
1.4 CITY-ST-ZIP CORAL SPRINGS, FL. 33065

2.1 TITLE D
2.2 NAME ROSARIO, RUTH D.
2.3 STREET ADDRESS 12262 W SAMPLE RD
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

3.1 TITLE APTD
3.2 NAME VALENTIN, JOSUE
3.3 STREET ADDRESS 2222 POLK ST APT 4
3.4 CITY-ST-ZIP HOLLYWOOD FL 33020

4.1 TITLE TD
4.2 NAME JOSE J. ROSARIO
4.3 STREET ADDRESS 4714 NW 48 AVE
4.4 CITY-ST-ZIP TAMARAC, FL. 33319

5.1 TITLE SD
5.2 NAME GOMEZ MARLYNE
5.3 STREET ADDRESS 1955 SW 67 TERR
5.4 CITY-ST-ZIP DONALD BACH FL 33068

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99 (954) 721-1560

Date

Daytime Phone #

CR2E037 (11/98)