2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
02-03-2001 90080 010 ****70.00

DOCUMENT # N94000004620

1. Entity Name

MARANATHA CHRISTIAN CHURCH ASSEMBLIES OF GOD, IN

Principal Place of Business	Mailing Address
6901 NW 70 AVE. TAMARAC FL 33321 US	P.O. BOX 25636 TAMARAC FL 33320 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

SOLA, PEDRO O
12262 W SAMAC RD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6901 NW 70 AVE.

City TAMARAC **FL** Zip Code 33321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOLA, PEDRO O 12262 W SAMPLE RD. CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11874 W. SAMPLE RD CORAL SPRINGS, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSARIO, RUTH D 12262 W SAMPLE RD. CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11874 W. SAMPLE RD CORAL SPRINGS, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	APD NEMESIO, MUNIZ 8000 HAMSTON BLVD APT 208 NORTH LAUDERDALE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICARDO, VALENTIN 5039 NW 41 CT FORT LAUDERDALE FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SYLVETTE DEL CASTILLO 19066 NW 4TH ST PEMBROKE PINES, FL 33024 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARLYNE, GOMEZ 1955 SW 67 TERR DOMSANO BEACH FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JANETTE LOPEZ 7620 WESTWOOD DR. APT 215 TAMARAC, FL 33321 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pedro O Sola 01/08/01 (954)720-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #