

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90616 019 ****70.00

DOCUMENT # N94000004620

1. Entity 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

8197 N. University Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

Zip

33321

Country

US

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
6901 NW 70TH AVE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

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

8197 N. University Dr.

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SOLA, PEDRO**
STREET ADDRESS **11874 W SAMOLE RD**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete
NAME **ROSARIO, RUTH D.**
STREET ADDRESS **11874 W SAMOLE RD**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **APD** ☐ Delete
NAME **NEMESIO, MUNIZ**
STREET ADDRESS **8000 HAMSTON BLVD APT 208**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **TD** ☒ Delete
NAME **DEF CASTILLO, SYLVETTE**
STREET ADDRESS **10066 NW 4TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **SD** ☒ Delete
NAME **SANCHEZ, ZULMA**
STREET ADDRESS **5390 NW 88 AVE APT B-203**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE **APD** ☒ Delete
NAME **MONZOA, GUILLERMO**
STREET ADDRESS **10211 NW 82 ST**
CITY-ST-ZIP **TAMARAC FL 33321**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **7101 MIMOSA WAY**
STREET ADDRESS **TAMARAC, FL 33321**

TITLE ☒ Change ☐ Addition
NAME **7101 MIMOSA WAY**
STREET ADDRESS **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME **HERNANDEZ, MIRIAM**
STREET ADDRESS **6103 NW 68 TERR**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **GUILLERMO, MARTHA**
CITY-ST-ZIP **7751 SW 10 CT APT. A**

TITLE ☒ Change ☐ Addition
NAME **HERNANDEZ, RAYMOND**
STREET ADDRESS **6103 NW 68 TERR**
CITY-ST-ZIP **TAMARAC, FL 33321**

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:

SOLA, PEDRO O. SOLA 04/14/03 (954) 720-0016

CR2E037 (10/02)