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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001545 (1)

1. Corporation Name

MARANATHA BAPTIST CHURCH OF FORT LAUDERDALE, INC

Principal Place of Business

3625 N.W. 31 AVE.
FORT LAUDERDALE FL 33311

Mailing Address

3625 N.W. 31 AVE.
FORT LAUDERDALE FL 33311



3. Date Incorporated or Qualified

03/30/1995

4. FEI Number

Applied For

APPLIED FOR CORPORATION

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOUSSAINT, MICHEL REV.
930 SW 30TH AVENUE
FORT LAUDERDALE FL 33312

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: Michel Toussaint, Michel Toussaint

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, LOUISE	
STREET ADDRESS	930 S.W. 30 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOUSSAINT LOUISE	
1.3 STREET ADDRESS	930 SW 30TH AVE	
1.4 CITY-ST-ZIP	FT Land FLA 33312	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHERY, JUDE	
STREET ADDRESS	3841 JACSON BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

2.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ERIBERT J. FRANCOIS	
2.3 STREET ADDRESS	3841 JACSON BLVD	
2.4 CITY-ST-ZIP	FT Land FLA 33312	

TITLE	P	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, MICHEL	
STREET ADDRESS	930 S.W. 30 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

3.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOUSSAINT, MICHEL	
3.3 STREET ADDRESS	930 SW 30TH AVE	
3.4 CITY-ST-ZIP	FT Land FLA 33312	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, JOHNNY	
STREET ADDRESS	930 N.W. 56 AVE. #207	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	

4.1 TITLE	VCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VERISTIL, EITINE	
4.3 STREET ADDRESS	1414 NE 5TH ST #4	
4.4 CITY-ST-ZIP	FT Land FLA 33301	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE REQUIRED

ERIBERT J. FRANCOIS 04-23-98 954-718-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034894

CF2E037 (10/97)