2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT-

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # N95000001545 04-15-2005 90228 001 ****61.25 04-15-2005 90228 002 *****8.75 MARANATHA BAPTIST CHURCH OF FORT LAUDERDALE, INC. Principal Place of Business Mailing Address 3625 N.W. 31 AVE. 930 SW 30TH AVE 66010220 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 CR2E037 (10/03) 4. FEI Number 65-0556378 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOUSSAINT-MICHEL=REV-Street Address (P.O. Box Number is Not Acceptable) 930 SW 30TH AVENUE FORT LAUDERDALE, FL 33312 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition TOUSSAINT, LOUISE NAME NAME STREET ADDRESS 930 S.W. 30 AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition TOUSSAINT, MICHEL NAME NAME STREET ADDRESS STREET ADDRESS 930 S.W. 30 AVE. CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE DESCUGASTE; AGEHOT NAME NAME STREET ADDRESS STREET ADDRESS 7501 KEMBERLY BLVD #116 CITY-ST-ZIP NORTH, LAUDERDALE, FL. 33068, CITY ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE DELICE, DEVILSON NAME NAME STREET ADDRESS 1524 SW 5 PL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

Change

FILED

☐ Addition