

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90240 001 \*\*\*\*61.25  
 05-02-2006 90240 002 \*\*\*\*\*8.75

66021430



<b>DOCUMENT # N95000001545</b>					
1. Entity Name MARANATHA BAPTIST CHURCH OF FORT LAUDERDALE, INC.					
Principal Place of Business 3625 N.W. 31 AVE. FORT LAUDERDALE, FL 33311		Mailing Address 930 SW 30TH AVE FORT LAUDERDALE, FL 33312 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0556378	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOUSSAINT, MICHEL REV. 930 SW 30TH AVENUE FORT LAUDERDALE, FL 33312			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOUSSAINT, LOUISE	NAME	BERTIN CHARLES		
STREET ADDRESS	930 S.W. 30 AVE.	STREET ADDRESS	P.O. Box 1298 Fort Land, FL 33302		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP	94 NW 42nd St Ft LD FL 33309		
TITLE	P <input type="checkbox"/> Delete	TITLE	N.B. Charles Bertin <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOUSSAINT, MICHEL	NAME	Replaced NARCISSE ANDRE		
STREET ADDRESS	930 S.W. 30 AVE.	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	NARCISSE, ANDRE T <i>is no longer director</i>	NAME			
STREET ADDRESS	#94 NW 42ND ST	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE			
NAME	DELICE, DEVILSON	NAME			
STREET ADDRESS	1524 SW 5 PL	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
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 exemptions contained in Chapter 119, 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: <i>Charles Bertin</i>		Date: 4-22-06 Daytime Phone: 954-709-8826			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					