

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005155 (5)

1. Corporation Name

MARANATHA CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

**1785 IXORA DRIVE W
MELBOURNE FL 32935**

Mailing Address

**P O BOX 595
MELBOURNE FL 32902-0595**

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOGGS, LEAL E REV
1785 IXORA DRIVE W
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

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

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Pastor**
Leal E. Boggs
STREET ADDRESS **1785 IXORA DR W.**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ DELETE

NAME **D** **Deacon**
Alexander Palmer
STREET ADDRESS **3239 N.E. Henry Street**
CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE ☐ DELETE

NAME **D** **Deacon**
Alonza Bailey
STREET ADDRESS **85 A E. Poinerana Drive**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE ☐ DELETE

NAME **D** **Deacon**
Albert Rishy
STREET ADDRESS **1122 Hooper Ave.**
CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE ☐ DELETE

NAME **T** **Trustee**
Peter O. Frink
STREET ADDRESS **2850 Collier Circle**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

NAME **D** **Deacon**
Jerry Taylor
12 NAME
13 STREET ADDRESS **391 Hatcher St**
14 CITY-ST-ZIP **Palm Bay, FL 32907**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, which certifies 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:

Leal E. Boggs **Leal E. Boggs**

30 Apr 96

(407) 253-3718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)