SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236'.25).

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth≨á

Secretary of Mate

DIVISION OF CORPORATIONS

DOCUMENT # N95000005155 (5)

MARANATHA CHRISTIAN FELLOWSHIP, INC.

APPROVE. AND FILED

97 OCT -2 AM 7: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



				:
Principal Plac	e of Business	Mailing Address		T CONTINUE OF COURT STAIN ORAL ORAL CONTROL STAIN SCHOOL OLAGA 1900 OLAGA CANDA CAND
1785 IXORA DRIVE W P O BOX 595 MELBOURNE FL 32935 MELBOURNE FL 32902-0695				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/09/1996
2. Principal Place of Business 21 185 IXORA DR. W. 26 P. D. BOX 31.51			4. FEI Number 59 - 3387265 X Applied For APPLIED FOR Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State			FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			8. This corporation owes or has paid the current year Intangible	
24 32 9	35 25 BREVARD		o BREVAR	Personal Property Tax due June 30. Yes No
				10. Name and Address of New Registered Agent
81 Name JRE				BRENDA D. BOGGS
BOGGS, LEAL E REV 1785 IXORA DRIVE W				Address (P.O. Box Number is Not Asceptable)
MELBOURNE FL 32935				JANA IM. CO.
111111111111111111111111111111111111111			24 05 4	7004
	*		84 City	E/DOUNNE, FL 39935
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 DRENDA DESCAS (DRESIDENT) Signature, typed or printed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstalling) OATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	BRENDA D. BOGGS Change Maddition
NAME	TAYLOR, JERRY		1.2 NAME	Do W Chaclesoft
STREET ADDRESS	391 HATCHER ST.		1.3 STREET ADDRESS	Melhan is Fl 32935 Decetor
CITY-ST-ZIP	PALM BAY FL 32907	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Property CD Road Change M Addition
TITLE NAME	PALMER, ALEXANDER	Jan Dittell	2.1 IIILE 2.2 NAME	PASTOR ERICKA C. D. BOGGS COMMING
STREET ADDRESS	3239 N.E. HENRY ST.		2.3 STREET ADDRESS	1785 IXORA DR. W. Director
CITY-ST-ZIP	PALM BAY FL 32905		2.4 CITY-ST-ZIP	Melbourne, FL 32235
TITLE	0	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, ALONZA		3.2 NAME	
STREET ADDRESS	85 A E. POINCIANA DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH. FL 32937		3.4. CITY-ST-ZIP	0000023104805
TITLE	D	DELETE	4.1 TITLE	10/02/970 1409 %-0 24 Addition
NAME	RISBY, ALBERT	•	4. 2 NAME	*****70.00 *****70.00
STREET ADDRESS	1022 HOOPER AVE.		4.3 STREET ADDRESS	·
CITY-ST-ZIP	PALM BAY FL 32905		4.4 CITY-ST-ZIP	
TITLE	T CONTRACTOR OF THE CONTRACTOR	DEFFLE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRINK, PETER O		5.2 NAME	
STREET ADDRESS	2850 COLBERT CIR.	•	5.3 STREET ADDRESS	1 4 4 1.
CITY-ST-ZIP	MELBOURNE FL 32901	DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE	POOCE LEAL E	☐ DELETE	6.1 TITLE	L Change L Addition
NAME ATOSET ADDOSES	BOGGS, LEAL E 1795 IXORA DR. W		6.2 NAME	7
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935		6.4 CITY-ST-ZIP	

I do 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.