


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 03 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N97000004767 (6)**

1. Corporation Name  
**RADIO MARANATHA, INC.**



Principal Place of Business 7215 FOREST CITY ROAD ORLANDO FL 32810	Mailing Address 7215 FOREST CITY ROAD ORLANDO FL 32810
--	--

3. Date Incorporated or Qualified  
**08/20/1997**

4. FEI Number <b>59-3472623</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$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

**NAZARIO, EDGAR REV**  
**7215 FOREST CITY ROAD**  
**ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name **Elias Flecha, Rev.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6117 Shadow Wood Court**  
 83 **Orlando, Fl. 32808**  
 84 City **Orlando** **FL** 85 Zip Code **32808**

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 **ELIAS FLECHA** *Elias Flecha* **8/28/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>NAZARIO, EDGAR</b>	
STREET ADDRESS	<b>7454 HOLLOW RIDGE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>ROSARIO, SAMUEL</b>	
STREET ADDRESS	<b>239 CHURCHILL DRIVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>ROMERO, DIALIS</b>	
STREET ADDRESS	<b>5600 GRAND CANYON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MIRANDA, MIGUEL</b>	
STREET ADDRESS	<b>1916 SPURCE RIDGE DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DIAZ, VIRGILIO</b>	
STREET ADDRESS	<b>5342 REGAL OAK</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Elias Flecha</b>		
1.3 STREET ADDRESS	<b>6117 SHADOW WOOD COURT</b>		
1.4 CITY-ST-ZIP	<b>Orlando, Fl. 32808</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Elias Flecha* **ELIAS FLECHA** **8/28/98**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)