


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 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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: **59-3472623**
 Applied For: Not Applicable:

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)

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

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

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

CR2E037 (5/98)