


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90153 045 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000006591</b>			
1. Corporation Name <b>MARANATHA FELLOWSHIP, INC.</b>			
Principal Place of Business <b>44645 MISTY ISLE ROAD</b> <b>DELAND FL 32721</b>		Mailing Address <b>44645 MISTY ISLE ROAD</b> <b>DELAND FL 32721</b>	
2. Principal Place of Business 21 <b>FL</b>		2a. Mailing Address 25 <b>PO Box 558</b>	
Suite, Apt. #, etc. 22 <b>DELAND FL</b>		Suite, Apt. #, etc. 27 <b>DELAND FL</b>	
City & State 23 <b>DELAND FL</b>		City & State 28 <b>DELAND FL</b>	
Zip 24 <b>32721</b>		Country 29 <b>LAKE O.</b>	
3. Date incorporated or Qualified <b>11/16/1998</b>		4. FEI Number <b>59-3407227</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>	
7. Additional Fee Required <b>\$8.75</b>		8. May Be Added to Fees <b>\$5.00</b>	
9. Name and Address of Current Registered Agent <b>LIOTTI, JOHN S</b> <b>44645 MISTY ISLE ROAD</b> <b>DELAND FL 32721</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <u>John S. Liotti</u> <u>JOHN S LIOTTI</u> <u>1-10-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DIR</b> <b>FRED Seilkop V.P.</b> <input type="checkbox"/> DELETE NAME <b>29605 Fullerville Rd</b> STREET ADDRESS <b>DELAND FL 32720</b> CITY-ST-ZIP		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>DIR</b> <b>JOHNATHAN Seilkop</b> <input type="checkbox"/> DELETE NAME <b>Fullerville Rd</b> STREET ADDRESS <b>DELAND FL 32721</b> CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <b>DIR</b> <b>BARBARA Liotti</b> <input type="checkbox"/> DELETE NAME <b>44645 MISTY ISLE RD</b> STREET ADDRESS <b>DELAND FL 32721</b> 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)