

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006591

1. Entity Name
MARANATHA FELLOWSHIP, INC.



Principal Place of Business
44645 MISTY ISLE ROAD
DELAND, FL 32721

Mailing Address
P.O. BOXES 558
DELAND, FL 32721



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3407227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIOTTI, JOHN S
44645 MISTY ISLE ROAD
DELAND, FL 32721

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John S Liotti

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

John S Liotti

(NOTE: Registered Agent signature required when reinstating)

1-5-06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
SEILKOP, FRED
29605 FULLERVILLE RD
DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEILKOP, JOHNATHAN
FULLERVILLE RD
DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIOTTI, BARBARA
44645 MISTY TYE RD
DELAND, FL 32721

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000380276
01/11/06-80007-016 70.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRED SEILKOP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-06 352-669-6217