

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 09, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000007309****1. Entity Name****MARANATHA THEOLOGICAL SEMINARY, INC.****Principal Place of Business**4000 N. STATE RD 7  
404/405  
LAUDERDALE LAKES  
33319  
US**Mailing Address**4000 N. STATE RD 7  
404/405  
LAUDERDALE LAKES  
33319  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0884615**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**LEE NILKA V  
4530 NW 11TH STREETLAUDERHILL FL  
33313 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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.**SIGNATURE **NILKA LEE****03/09/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	RUFF NORVEL	520 NW 199TH AVE.	FL 33302				
TD	GRANT ROLAND	1101 NW 46TH AVE.	FL 33313				
D	DAVIS WILSON M	1301 NW 46 AVENUE	FL 33313				
SD	NORRIS JOE L	2809 SW 5 COURT	FL 33312				
D	BELL WILLIE	3430 NW 2 STREET	FL 33311				
PD	POWELL LENNOX	7390 NW 36 STREET	FL 33319				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roland Grant**

TD

03/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)