

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91500 034 \*\*\*\*70.00

**DOCUMENT # N98000007309**

1. Entity Name

**MARANATHA THEOLOGICAL SEMINARY, INC.**

Principal Place of Business

**4000 N. STATE RD 7  
 404/405  
 LAUDERDALE LAKES FL 33319  
 US**

Mailing Address

**4000 N. STATE RD 7  
 404/405  
 LAUDERDALE LAKES FL 33319  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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 STREET  
 LAUDERHILL FL 33313~~

Name **REV. JOE L. NORRIS**

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

**2809 SOUTHWEST 5 COURT**

City **FORT LAUDERDALE, FLORIDA FL**

Zip Code **33312**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**REV. JOE L. NORRIS**

**3/14/2002**

**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 **PD** ☐ Delete  
 NAME **POWELL, LENNOX**  
 STREET ADDRESS **7390 NW 36 STREET**  
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BELL, WILLIE**  
 STREET ADDRESS **3430 NW 2 STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **NORRIS, JOE L**  
 STREET ADDRESS **2809 SW 5 COURT**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **DAVIS, WILSON M**  
 STREET ADDRESS **1301 NW 46 AVENUE**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **GRANT, ROLAND**  
 STREET ADDRESS **1101 NW 46TH AVE.**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **RUFF, NORVEL**  
 STREET ADDRESS **520 NW 199TH AVE.**  
 CITY-ST-ZIP **PEMBROKE PNS FL 33302**

TITLE ☐ Change ☒ Addition  
 NAME **D CHARLES JONES**  
 STREET ADDRESS **3070 NW 70TH TERRACE**  
 CITY-ST-ZIP **MIAMI FLA 33147**

12. 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 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02 (954) 792-0323**  
 Date Daytime Phone #

CR2E037 (9/01)