


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90484 030 ****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 2450 NW 22 STREET		3. Mailing Address 2450 NW 22 STREET			
Suite, Apt. #, etc. FORT LAUDERDALE, FLORIDA		Suite, Apt. #, etc. FORT LAUDERDALE, FLORIDA			
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida			
Zip 33311	Country FLORIDA	Zip 33311	Country FLORIDA	4. FEI Number 65-0884615	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NORRIS, JOE L REV 2809 SOUTHWEST 5 COURT FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME POWELL, LENNOX		<input type="checkbox"/> Delete		
STREET ADDRESS 7390 NW 36 STREET	CITY-ST-ZIP LAUDERHILL, FL 33319		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME BELL, WILLIE		<input type="checkbox"/> Delete		
STREET ADDRESS 3430 NW 2 STREET	CITY-ST-ZIP FORT LAUDERDALE, FL 33311		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME NORRIS, JOE L		<input type="checkbox"/> Delete		
STREET ADDRESS 2809 SW 5 COURT	CITY-ST-ZIP FORT LAUDERDALE, FL 33312		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME DAVIS, WILSON M		<input type="checkbox"/> Delete		
STREET ADDRESS 1301 NW 46 AVENUE	CITY-ST-ZIP LAUDERHILL, FL 33313		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD	NAME GRANT, ROLAND		<input type="checkbox"/> Delete		
STREET ADDRESS 1101 NW 46TH AVE.	CITY-ST-ZIP LAUDERHILL, FL 33313		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME JONES, CHARLES		<input type="checkbox"/> Delete		
STREET ADDRESS 3070 NW 70TH TERR	CITY-ST-ZIP MIAMI, FL 33147		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ Secretary 5-5-2004 (954) 792-7018					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					