2000 UNIFORM BUSINESS REPORT (UBR) RHED DOCUMENT # N9900006762 Jul 20, 2000 8:00 am 1. Entity Name **Secrétary of State** MARANATHA EVANGELICAL BAPTIST CHURCH, INC. 03-04-2000 90023 018 \*\*\*\*75.00 Principal Place of Business Mailing Address 4845 PAT-ANN TERR. 4845 PAT-ANN TERR. ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOMPOINT, EDNER REV. 4845 PAT-ANN TERR. ORLANDO FL 32808 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida. SIGNATURE \$5.00 May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE NAME MOMPOINT, EDNER REV. NAME STREET ADDRESS STREET ADDRESS 4845 PAT-ANN TERR. CITY-ST-ZIP CITY-ST-ZIP 32808 ORLANDO FL 32808 TITLE ☐ Delete TITLE D JOSEPH, AMONES NAME NAME STREET ADDRESS STREET ADDRESS 1807 SARAZIN DR. CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32808 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MOMPREMIER, JN. PHILIPPE NAME STREET ADDRESS STREET ADDRESS SAVOY STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ☐ Addition Change TITLE **Z**Delete TITLE NAME BOIROND, REMY EVAN. NAME STREET ADDRESS **ROSEMOND STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete TITLE Change ☐ Addition TITLE MOMPOINT, MARIE C NAME NAME STREET ADDRESS STREET ADDRESS 4845 PAT-ANN TERR. CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME MESILUS, REMY NAME STREET ADDRESS STREET ADDRESS **4811 LEPRECHAUN WAY** 

SIGNATURE: FOR THE NAME OF BIGNING OFFICER OFF

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 917, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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ORLANDO FL 32808

	MENT # N990000 THA EVANGELICAL BAPTIST		(در ا	ar (	AHachment	
Principal Place	of Business	Mailing	Address		208546	
4845 PAT-ANN T ORLANDO FL 32			-ANN TERR. 5 FL 32808-4962		2000-10	
2. Principal Pla	ace of Business	3. Mailin	g.Address		The state of the s	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	;	City &	State		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip		Country	S. Certificate of Status Desired     Secretary Status Desired     Sec	
	6. Name and Address of Current I	Registered	Apent	<u> </u>	7. Name and Address of New Registered Agent	
4845 PAT-A ORLANDO (	FL 32808			City	s (P.O. Box Number is Not Acceptable)  FL Zip Code  Ged agent, or both, in the state of Florida.	
SIGNATURE A	Monton to the Dispersion of th		PEV (NOT	E: Registered Agent aignature requi	red prior reinstaling) DATE	
	FILE NOW: FEE IS \$61.25		lection Campaigr rust Fund Contrib	·/ ~-	.00 May Be Make Check Payable to Department of State	
10	FEE IS \$61.25	T		oution. Add	Department of State	
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