

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 044 ****75.00

DOCUMENT # N99000006762

1. Entity Name

MARANATHA EVANGELICAL BAPTIST CHURCH, INC.



Principal Place of Business

3310 N. POWERS DR
ORLANDO FL 32818

Mailing Address

3310 N. POWERS DR
ORLANDO FL 32818

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

52-2236666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOMPOINT, EDNER REV.
4845 PAT-ANN TERR.
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

03/05/06
DATE

FILE NOW: FEE IS \$61.25

Due By: May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ~~PASTOR~~ DIRECTOR ☐ Delete
NAME MOMPOINT, EDNER REV.
STREET ADDRESS 4845 PAT-ANN TERR.
CITY-ST-ZIP ORLANDO FL 32808

TITLE DEACON ☐ Delete
NAME JOSEPH, AMONES
STREET ADDRESS 1807 SARAZIN DR.
CITY-ST-ZIP ORLANDO FL 32808 407-521-0395

TITLE D TREASURY ☐ Delete
NAME JACQUEA, JULIO J
STREET ADDRESS 9041 RIDGE APT H206
CITY-ST-ZIP ORLANDO FL 32807

TITLE DEACON ☐ Delete
NAME GERMAIN, CEDIELI
STREET ADDRESS 5515 PINE CHASE DRIVE APT B
CITY-ST-ZIP ORLANDO FL 32808 1327 HERNANDEZ Dr. Orlando 91A 32808

TITLE SD SECRETARY ☐ Delete
NAME MOMPOINT, MARIE C
STREET ADDRESS 4845 PAT-ANN TERR.
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☒ Delete
NAME BENICOIT, AUGUSTIN
STREET ADDRESS 1347 POWERS DRIVE
CITY-ST-ZIP ORLANDO FL 32818

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DEACON ☐ Change ☒ Addition
NAME JULIO JACQUEA
STREET ADDRESS 1327 HERNANDEZ DR
CITY-ST-ZIP ORLANDO 91A 32808
PH. 297-8374

TITLE DEACON ☐ Change ☐ Addition
NAME JOSEPH AMONES
STREET ADDRESS 1807 SARAZIN DR
CITY-ST-ZIP ORLANDO 91A 32808

TITLE ELIE VOYON ☐ Change ☒ Addition
NAME TRESOR ASSIST
STREET ADDRESS 1795 GUMWOOD CT
CITY-ST-ZIP ORLANDO 91 32818 PH. 407-522-4895

TITLE GERMAIN CEDIEL ☐ Change ☐ Addition
NAME HOP CIRCLE
STREET ADDRESS HOP CIRCLE ORLANDO 91A 32811
CITY-ST-ZIP PH. 407-522-8517

TITLE SECRETARY ☐ Change ☐ Addition
NAME MOMPOINT MARIE C
STREET ADDRESS 4845 PAT-ANN TERR.
CITY-ST-ZIP ORLANDO 91A 32808 407-294-2924

TITLE DEACON ☐ Change ☒ Addition
NAME JESSE ECCLESIAST
STREET ADDRESS 1929 SOUTH KIRKMAN RD APT. 115
CITY-ST-ZIP ORLANDO 91A 32811 (321-388-1343)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 217, 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: MOMPOINT EDNER REV.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

03/05/06 407-294-2924