2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State
02-08-2007 90039 044 ****75.00

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1. Entity Name
MARANATHA EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
3310 N. POWERS DR ORLANDO, FL 32818	3310 N. POWERS DR ORLANDO, FL 32818

01232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MOMPOINT, EDNER REV. 4845 PAT-ANN TERR. ORLANDO, FL 32808	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACQUES, JULIO Julio Jr Jacques 1327 HENANDEZ DR ORLANDO, FL 32808 Treasor	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pierre Cherubin Pastor Assistant 5256 Time Light Circle Apt A Orlando Fla 32839	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, AMONES 1807 SARAZIN DR. ORLANDO, FL 32808 Deacon	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dunois Melelus 5432 9th Ter Way Orlando Fla 32810 Member	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~JACQUES, JULIO J~~ Elie Hyppolite ~~SOUDLRIDGE APT H206~~ ~~ORLANDO, FL 32807~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Louis Jn Philippe 7708 Bky Wilder Dr Orlando Fla 32809 Member	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERMAIN, CEDIELI 5515 PINE CHASE DRIVE APT 8 ORLANDO, FL 32808 Deacon	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOMPOINT, MARIE C 4845 PAT-ANN TERR. ORLANDO, FL 32808 Assistant Secretary	☐ Delete	TITLE / NAME / STREET ADDRLSS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECCLESIAST, JOSUE 1929 S KIRKMAN RD APT 115 ORLANDO, FL 32811 Secretary	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #