2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N99000006762

Entity Name: MARANATHA EVANGELICAL BAPTIST CHURCH, INC.

Current Principal Place of Business:

3310 N. POWERS DR
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

3310 N. POWERS DR
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 52-2236666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JACQUES, JULIO	
Address:	1327 HENANDEZ DR	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	JOSEPH, AMONES	
Address:	1807 SARAZIN DR.	
City-St-Zip:	ORLANDO, FL 32808	
Title:	O	( ) Delete
Name:	HYPPOLITE, VOYOND	
Address:	635 HIAWATHA OVERLOOK	
City-St-Zip:	APOPKA, FL 32712	
Title:	D	( ) Delete
Name:	GERMAIN, CEDIELI	
Address:	5515 PINE CHASE DRIVE APT 8	
City-St-Zip:	ORLANDO, FL 32808	
Title:	O	( ) Delete
Name:	STYLL, JOSEPH	
Address:	2273 OKADA CT	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	ECCLESIAST, JOSUE	
Address:	1929 S KIRKMAN RD APT 115	
City-St-Zip:	ORLANDO, FL 32811	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STYLL JOSEPH O 02/13/2009

Electronic Signature of Signing Officer or Director — Date