

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767776

**Entity Name:** MARANATHA CHRISTIAN ASSEMBLY, INCORPORATED

**Current Principal Place of Business:**

3202 EAST ELLICOTT  
TAMPA, FL 33610

**Current Mailing Address:**

3808 RIVER GROVE COURT  
TAMPA, FL 33610 US

**FEI Number: 59-2236171**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OATS, BETTY M PD  
3808 RIVER GROVE COURT  
TAMPA, FL 33610 US

*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

**Officer/Director Detail :**

Title PD, PRESIDENT, PASTOR  
Name OATS, BETTY M PD  
Address 3808 RIVER GROVE COURT  
City-State-Zip: TAMPA FL 33610

Title MINISTER/DIRECTOR  
Name SMALLS, SHERYL D  
Address 8012 CHANEY LANE  
City-State-Zip: TAMPA FL 33617

Title VP, ASSIST PASTOR  
Name HILLS, DONNA DST  
Address 1635 BONITA BLUFF  
City-State-Zip: RUSKIN FL 33570

Title DEACONESS/DIRECTOR  
Name OATS, JUDY DST  
Address 3808 RIVER GROVE COURT  
City-State-Zip: TAMPA, FL 33610

Title MINISTER/DIRECTOR  
Name PINDER, EARNEST  
Address 16127 SANDCREST WAY  
City-State-Zip: TAMPA FL 33618

Title MINISTER/ DIRECTOR  
Name MUTCHERSON, GAIL  
Address 8408 MARLANAS PLACE  
City-State-Zip: TAMPA FL 33637

*I hereby 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 all other like empowered.*

**SIGNATURE: DONNA HILLS**

**DIRECTOR**

**03/31/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date