

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

DOCUMENT# N95000005643

**Entity Name:** HEBRON EVANGELICAL CHURCH OF MARION OAKS, INC.**Current Principal Place of Business:**2675 SW 177 PL RD  
OCALA, FL 34473**Current Mailing Address:**2675 SW 177 PL RD  
OCALA, FL 34473 US**FEI Number: 59-3349150****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PARRIS, GEORGE C  
2675 SOUTH WEST 177TH PLACE ROAD  
OCALA, FL 34473 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  
Name PARRIS, GEORGE C  
Address 2675 SW 177TH PL RD.  
City-State-Zip: Ocala FL 34473

Title DT  
Name OLGA, CHARLES  
Address 747 MARION OAKS LANE  
City-State-Zip: Ocala FL 34473

Title SECRETARY  
Name COOPER, SYLVIA ELCINA  
Address 7868 SW 130 LANE  
City-State-Zip: Ocala FL 34473

Title D  
Name CHARLES, TERRENCE  
Address 17411 SW 27 CIR  
City-State-Zip: Ocala FL 34473

Title D  
Name MUIR, KATHLEEN  
Address 8494 SW 136 LOOP  
City-State-Zip: Ocala FL 34473

Title D  
Name JOSEPH, HINCKSON  
Address 13541 SW 40TH CIRCLE  
City-State-Zip: Ocala FL 34473

Title ADMINISTRATORDIRECTOR  
Name PARRIS, JOAN  
Address 2675 SW 177 PLACE RD.  
City-State-Zip: Ocala FL 34473

Title D  
Name SCOTT, MARTIN  
Address 102 ROCKAWAY AVE  
City-State-Zip: BROOKLYN NY 11233

**Continues on page 2**

*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: SYLVIA COOPER****SECRETARY****03/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name BRADSHAW, EVELYN  
Address 35 E 92 ST  
City-State-Zip: BROOKLYN NY 11233

Title D  
Name PHILIP, LYDIA  
Address 312 SCHENECTADY AVE APT B7  
City-State-Zip: BROOKLYN NY 11213