aby 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 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
e, or on an attachment with all other like empowered.

SIGNATURE: SYLVIA E. COOPER

I here

oath;

above

Electronic Signature of Signing Officer/Director Detail

Entity Name: HEBRON EVANGELICAL CHURCH OF MARION OAKS, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

125 MARION OAKS TRAIL OCALA, FL 34473

### **Current Mailing Address:**

DOCUMENT# N95000005643

125 MARION OAKS TRAIL OCALA, FL 34473

## FEI Number: 59-3349150

### 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

#### **Officer/Director Detail :**

Title	Ρ	Title	D
Name	PARRIS, GEORGE C	Name	MUIR, KATHLEEN
Address	2675 SW 177TH PL RD.	Address	8494 SW 136 LOOP
City-State-Zip:	OCALA FL 34473	City-State-Zip:	OCALA FL 34473
Title	D	Title	D
Name	OLGA, CHARLES	Name	JOSEPH, HINCKSON
Address	747 MARION OAKS LANE	Address	13541 SW 40TH CIRCLE
City-State-Zip:	OCALA FL 34473	City-State-Zip:	OCALA FL 34473
Title	SECRETARY		
Name	COOPER, SYLVIA ELCINA		
Address	7868 SW 130 LANE		
City-State-Zip:	OCALA FL 34473		

SECRETARY

03/14/2016

FILED Mar 14, 2016 Secretary of State CC4972947344

Date

Certificate of Status Desired: Yes

Date