

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005643

Entity Name: HEBRON EVANGELICAL FELLOWSHIP MINISTRIES, 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 | D |
| Name | MUIR, KATHLEEN |
| Address | 8494 SW 136 LOOP |
| City-State-Zip: | OCALA FL 34473 |

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

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

| | |
|-----------------|-----------------------|
| Title | PASTOR |
| Name | CHARLES, TERRENCE SR. |
| Address | 17411 SW 27 CIR |
| City-State-Zip: | OCALA FL 34473 |

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

| | |
|-----------------|-------------------|
| 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 |

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: YVONNE BENNETT**SECRETARY****03/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------|
| Title | SECRETARY |
| Name | BENNETT, YVONNE |
| Address | 4733 SW 166 LOOP |
| City-State-Zip: | Ocala FL 34473 |