FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 26 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731608 (6)

1. Corporation Name
MARION BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1131 NE 8TH AVENUE P.O. BOX 1201 OCALA FL 32678-1201	1131 NE 8TH AVENUE P.O. BOX 1201 OCALA FL 32678-1201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1975
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1781101 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SIBLE, GRACE M
1131 NE 8TH AVE.
OCALA FL 34478

10. Name and Address of New Registered Agent

01 Name: Joe A. Williams
02 Street Address (P.O. Box Number is Not Acceptable): 1131 NE 8th Av.
03
04 City: Ocala FL 05 Zip Code: 34478

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joe A. Williams, Joe A. Williams; Director of Missions 1-19-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIBLE, GRACE M	1.2 NAME	Williams, Joe A.	
STREET ADDRESS	1001 NE 3RD ST	1.3 STREET ADDRESS	1131 NE 8th AV.	
CITY-ST-ZIP	OCALA, FL 32670 0	1.4 CITY-ST-ZIP	Ocala FL 34478-1201	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GRANT, FRANK (REV)	2.2 NAME	Morris, Dennis, Rev.	
STREET ADDRESS	6422 NE JACKSONVILLE RD	2.3 STREET ADDRESS	24100 E Hwy 314	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Salt Springs FL 32134	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	LISTEBARGER, LUANN	3.2 NAME	Downing, Deloris	
STREET ADDRESS	1109 NE 19 AVE.	3.3 STREET ADDRESS	5790 SW 103rd. ST. RD.	
CITY-ST-ZIP	OCALA, FL 00000 34470	3.4 CITY-ST-ZIP	Ocala FL 34476	
TITLE	PD	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	DOWNING, JOHN REV	4.2 NAME	Hoff, Arthur Rev.	
STREET ADDRESS	5010 S.W. HWY 200	4.3 STREET ADDRESS	414 Silver Road	
CITY-ST-ZIP	OCALA FL 34474	4.4 CITY-ST-ZIP	Ocala FL 34472	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	ESTES, RAYMOND REV	5.2 NAME		
STREET ADDRESS	P.O. BOX 1301 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe A. Williams Joe A. Williams 1-19-95 (904) 622-6245
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000418