

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731608 (6)

1. Corporation Name

MARION BAPTIST ASSOCIATION, INC.

Principal Place of Business

1131 NE 8TH AVENUE
P.O. BOX 1201
OCALA FL 32678-1201

Mailing Address

1131 NE 8TH AVENUE
P.O. BOX 1201
OCALA FL 32678-1201



3. Date Incorporated or Qualified
01/13/1975

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1781101

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JOE A
1131 NE 8TH AV
OCALA FL 34478

81 Name

Rev. Arthur Hoff

82

Street Address (P.O. Box Number is Not Acceptable)

414 Silver Road

83

84

City

Ocala

FL

85 Zip Code

34472

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE

Deloris Downing
Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

2/29/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLIAMS, JOE A
STREET ADDRESS 1131 NE 8TH AVE
CITY-ST-ZIP Ocala FL ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MORRIS, DENNIS REV
STREET ADDRESS 24100 E HWY 314
CITY-ST-ZIP SALT SPRINGS FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME DOWNING, DELORIS
STREET ADDRESS 5790 SW 103RD ST RD
CITY-ST-ZIP Ocala FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME HOFF, ARTHUR REV
STREET ADDRESS 414 SILVER ROAD
CITY-ST-ZIP Ocala FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME ESTES, RAYMOND REV
STREET ADDRESS P.O. BOX 1301 N/A
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Deloris Downing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-95

Date

352-622-6245
Daytime Phone #

CR2E037 (12/95)