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Feb 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
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 34478-1201



3. Date Incorporated or Qualified  
01/13/1975

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

HOFF, REV. ARTHUR  
414 SILVER ROAD  
OCALA FL 34472

81 Name

Dr. Edward Johnson

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

2801 SE Maricamp Road

83

Ocala

FL

34471-5537

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

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

1.1 TITLE  
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

2.1 TITLE VD  
2.2 NAME Newman, Donald Rev  
2.3 STREET ADDRESS PO Box 58  
2.4 CITY-ST-ZIP Summerfield FL 34492

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

3.1 TITLE  
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

4.1 TITLE PD  
4.2 NAME Johnson, Edward Dr  
4.3 STREET ADDRESS 2801 SE Maricamp Road  
4.4 CITY-ST-ZIP Ocala FL 34471-5537

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)