FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

1131 NE BTH AVENUE

OCALA FL 32678-1201

Suite, Apt. #, etc.

City & State

P.O. BOX 1201

21

731608

(6)

MARION BAPTIST ASSOCIATION, INC.

•		
	Mailing Address	

P.O. BOX 1201

1131 NE 8TH AVENUE

OCALA FL 32678-1201

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Jan 21 1998 8:00am Secretary of State

7. Is this nonprofit corporation a homeowners association?

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

01/13/1975

59-1781101

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

23 28	L Yes L No			
Zip Country Zip Country 8. This corporation of	wes or has paid the current year Intangible			
24 25 29 30 Personal Property	Tax due June 30. Yes No			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
81 Name				
DR EDWARD JOHNSON 82 Street Address (P.O. Box Number is	Not Acceptable)			
2801 SE MARICAMP RD	, its coopiasis,			
OCALA FL 34471				
84 City	Joseph Zie Code			
o+ 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/CHANG	GES TO OFFICERS AND DIRECTORS IN 12			
TITLE TD DELETE 1.1 TITLE	Change Addition			
NAME ESTES, REV. RAYMOND 12 NAME	ļ.			
STREET ADDRESS P.O. BOX 1301 N/A	}			
CITY-ST-ZIP SILVER SPRINGS FL 34488 1.4 DITY-ST-ZIP				
TITLE VD DELETE 2.1 TITLE	Change Addition C			
NAME NEWMAN, DONALD REV 22 NAME				
STREET ADDRESS PO BOX 58				
CITY-ST-ZIP SUMMERFIELD FL 2.4 CITY-ST-ZIP				
TITLE SD DELETE 3.1 TITLE	Change Addition			
NAME DOWNING, DELORIS 32 NAME				
STREET ADDRESS 5790 SW 103RD ST RD 3.3 STREET ADDRESS				
CITY-ST-ZIP OCALA FL 3.4. CITY-ST-ZIP				
TITLE PD DELETE 4.1 TITLE	Change Addition			
NAME JOHNSON, EDWARD DR 4,2 NAME				
STREET ADDRESS 2801 SE MARICAMP RD 4.3 STREET ADDRESS				
CITY-ST-ZIP OCALA FL 4.4 CITY-ST-ZIP				
TITLE DELETE 5.1 TITLE	Change Addition			
NAME 5.2 NAME				
STREET ADDRESS 5.3 STREET ADDRESS	ì			
CITY-ST-ZIP 5.4 CITY-ST-ZIP				
TITLE DELETE 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 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Flori	da Statutes. I further certify that the information			
14. I hereby certify that the information supplied with this filling 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: Welate ON WOWELL PEDEISTE Downing 1-8-98 352-622-624