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Feb 23, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731608

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



2. Principal Place of Business

21 no P.O. #

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24 34470

25

2a. Mailing Address

26 P.O. Box 1137

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29 34478

30

3. Date Incorporated or Qualified

01/13/1975

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

9. Name and Address of Current Registered Agent

DR EDWARD JOHNSON  
2801 SE MARICAMP RD  
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

Don Newman

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

14550 SE 65th Ct.

83

84 City

Summerfield

FL

85 Zip Code

34491

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 Don Newman, Moderator Don Newman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/99

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VD  
NAME NEWMAN, DONALD REV  
STREET ADDRESS PO BOX 58  
CITY-ST-ZIP SUMMERFIELD FL ☐ DELETE

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

TITLE PD  
NAME JOHNSON, EDWARD DR  
STREET ADDRESS 2801 SE MARICAMP RD  
CITY-ST-ZIP OCALA FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME Mark Camp  
1.3 STREET ADDRESS 3054 NE 63rd St.  
1.4 CITY-ST-ZIP Ocala, FL 34479

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

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME Lejuanna Willis  
3.3 STREET ADDRESS 3508 NE 22nd Ct.  
3.4 CITY-ST-ZIP Ocala, FL 34479

4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME Ron Walker  
4.3 STREET ADDRESS 6107 SE Agnew Rd.  
4.4 CITY-ST-ZIP Belleview, FL 34420

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

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

14. I 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, with all other like empowered.

SIGNATURE:

Lejuanna Willis Lejuanna Willis

1/7/99

Date

352-622-6245

Daytime Phone #

CR2E037 (1/98)