

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 731608

1. Entity Name
MARION BAPTIST ASSOCIATION, INC.



Principal Place of Business

**1131 NE 8TH AVENUE
OCALA, FL 34470**

Mailing Address

**P O BOX 1137
OCALA, FL 34478**



01122004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1781101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SNELL, JAMES REV
14100 E HIGHWAY 40
SILVER SPRINGS, FL 34488**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James H. Snell

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SNELL, JAMES REV
14100 E HIGHWAY 40
SILVER SPRINGS, FL 34488**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LISTEBARGER, LUANN MRS
1131 NE 8 AVENUE
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
OUTLAW, JOHN REV
5675 NW 110 AVENUE
OCALA, FL 34482**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RUSSELL, HAROLD
901 NE 56 ST
OCALA, FL 34479**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000007640
01/20/04-80031-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James H. Snell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-04