

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731608

FILED
Jul 08, 2008
Secretary of State

Entity Name: MARION BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

1520 N.E. 14 STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1137
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-1781101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OUTLAW, JOHN REV
5675 N.W. 110 AVENUE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

MENEDEZ, PETE A REV
1520 NE 14TH STREET
OCALA, FL 34470 US

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.

SIGNATURE: PETE A. MENEDEZ

07/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MOD () Delete
Name: OUTLAW, JOHN REV
Address: 5675 N.W. 110 AVENUE
City-St-Zip: OCALA, FL 34482

Title: CLK () Delete
Name: HAYWOOD, LUANN MS.
Address: 1520 N.E. 14 STREET
City-St-Zip: OCALA, FL 34470

Title: TREA () Delete
Name: RUSSELL, HAROLD MR.
Address: 901 N.E. 56 STREET
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MOD (X) Change () Addition
Name: MATOS, PROFIRIO REV
Address: 162 MARION OAKS MANOR
City-St-Zip: OCALA, FL 34473

Title: CLK (X) Change () Addition
Name: DELK, JOY R MRS
Address: 1520 N.E. 14 STREET
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE A. MENEDEZ

REV

07/08/2008

Electronic Signature of Signing Officer or Director

Date