## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#731608** 

Entity Name: MARION BAPTIST ASSOCIATION, INC.

FILED Feb 05, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1131 NE 8TH AVENUE OCALA, FL 34470

Current Mailing Address: New Mailing Address:

P O BOX 1137 OCALA, FL 34478

FEI Number: 59-1781101 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RON WALKER

6107 SE AGNEW RD

BELLEVIEW, FL 344200410

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

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: REV. JAMES SNELL 02/05/2003

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: PD (X) Change ( ) Addition Name: WALKER, RON Name: SNELL, JAMES REV Address: 6107 SE AGNEW RD Address: 14100 E HIGHWAY 40

City-St-Zip: BELLEVIEW, FL 344200410 City-St-Zip: SILVER SPRINGS, FL 34488

Title: SD () Delete Title: (X) Change ( ) Addition Name: WILLIS, LEJUANNA Name: LISTEBARGER, LUANN MRS Address: 3508 NE 22 CT Address: 1131 NE 8 AVENUE City-St-Zip: OCALA, FL 34479 City-St-Zip: OCALA, FL 34470

Title: VD () Delete Title: VD (X) Change () Addition Name: SNELL, JAMES Name: OUTLAW, JOHN REV

 Name:
 SNELL, JAMES
 Name:
 OUTLAW, JOHN REV

 Address:
 14100 E HWY 40
 Address:
 5675 NW 110 AVENUE

 City-St-Zip:
 SILVER SPRINGS, FL 34488
 City-St-Zip:
 OCALA, FL 34482

Title: TD () Delete Title: () Change () Addition

 Name:
 RUSSELL, HAROLD
 Name:

 Address:
 901 NE 56 ST
 Address:

 City-St-Zip:
 OCALA, FL 34479
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUANN LISTEBARGER SD 02/05/2003