FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47828 **(1)**

1. Corporation Name
NORTH MARION INTERFAITH, INC.

Principal Place of Business	Mailing Address
15150 NW GAINESVILLE RD. REDDICK FL 32686	P.O. BOX 730 REDDICK FL 32686

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1992
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-3127690 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

BURNS, KATHERINE MILLS
AVENUE E & N. HWY 441
MCINTOSH FL 32664

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	PRIEST, ROBERT W.	12 NAME		
STREET ADDRESS	17800 N US HWY. 441	13 STREET ADDRESS		
CITY-ST-ZIP	REDDICK FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BURNS, KATHERINE MILLS	22 NAME		
STREET ADDRESS	N HWY. 441 AND AVE. E	23 STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D N/A	☐ Change ☑ Addition
NAME	~~CLARK, DAVE~~	32 NAME	Farmer, Ewing	
STREET ADDRESS	~~P.O. BOX 805 N/A~~	33 STREET ADDRESS	PO Box 206	
CITY-ST-ZIP	~~REDDICK FL 32686~~	34 CITY-ST-ZIP	McIntosh, Fl 32664	
TITLE	D	41 TITLE	Kellermeyer, Chris N/A	☑ Change ☐ Addition
NAME	~~ROBINSON, MIKE~~	42 NAME	PO Box 271	
STREET ADDRESS	~~3270 NW 261 PL~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~REDDICK FL~~	44 CITY-ST-ZIP	Orange Lake, Fl 32681	
TITLE	D	51 TITLE	D N/A	☑ Change ☐ Addition
NAME	~~WILSON, LINDA J.~~	52 NAME	Hamah-Wilson, Lyndia J	
STREET ADDRESS	~~P.O. BOX 254~~	53 STREET ADDRESS	PO Box 716	
CITY-ST-ZIP	~~LOWELL FL~~	54 CITY-ST-ZIP	Ft. McCoy Fl 32134	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	LEE, TROY V.	62 NAME		
STREET ADDRESS	5610 W HWY. 318	63 STREET ADDRESS		
CITY-ST-ZIP	ORANGE LAKE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lyndia J Wilson Lyndia J Wilson-Director 4-19-95 904-591-4400
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #