

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N47828

(1)

1. Corporation Name

NORTH MARION INTERFAITH, INC.

Principal Place of Business

15150 NW GAINESVILLE RD.  
REDDICK FL 32686

Mailing Address

P.O. BOX 730  
REDDICK FL 32686



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/11/1992

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3127690

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PRIEST, ROBERT W.  
STREET ADDRESS 17800 N US HWY. 441  
CITY-ST-ZIP REDDICK FL

TITLE D ☐ DELETE

NAME BURNS, KATHERINE MILLS  
STREET ADDRESS N HWY. 441 AND AVE. E  
CITY-ST-ZIP MCINTOSH FL

TITLE D ☐ DELETE

NAME FARMER, EWING  
STREET ADDRESS P O BOX 206 N/A  
CITY-ST-ZIP MCINTOSH FL

TITLE D ☒ DELETE

NAME ~~KELLERMEYER, CHRIS~~  
STREET ADDRESS ~~P O BOX 271 N/A~~  
CITY-ST-ZIP ~~ORANGE LAKE FL~~

TITLE D ☒ DELETE

NAME ~~HANNAH WILSON, LYNDIA J~~  
STREET ADDRESS ~~P O BOX 716 N/A~~  
CITY-ST-ZIP ~~FT MCJOY FL~~

TITLE D ☐ DELETE

NAME LEE, TROY V.  
STREET ADDRESS 5610 W HWY. 318  
CITY-ST-ZIP ORANGE LAKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Jewell, Dorothy J.  
1.3 STREET ADDRESS ~~REDDICK~~ 14783 NW 43 AVE.  
1.4 CITY-ST-ZIP Reddick, FL 32686

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME WILBERLY, ALTHA  
2.3 STREET ADDRESS ~~REDDICK~~ 17956 NE 23 AVE.  
2.4 CITY-ST-ZIP CITRA, FL 32113

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS 400001903854

5.4 CITY-ST-ZIP -07/25/96--01004--041

6.1 TITLE \*\*\*61.25

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 in an attachment with an address.

SIGNATURE:

*Robert W. Priest*

ROBERT W. PRIEST, Pres.

4-30-96

352-690-2325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)