

FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mogham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32686-0730**

3. Date Incorporated or Qualified <b>03/11/1992</b>	3a. Date of Last Report <b>07/24/1996</b>
4. FEI Number <b>59-3127690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BURNS, KATHERINE MILLS  
AVENUE E & N. HWY 441  
MCINTOSH FL 32684**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>ANNETTE MCCOY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRIEST, ROBERT W.</b>	1.2 NAME	<b>10523 N.W. 125 ST,</b>
STREET ADDRESS	<b>17800 N US HWY. 441</b>	1.3 STREET ADDRESS	<b>REDDICK, FLA.</b>
CITY-ST-ZIP	<b>REDDICK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>REV. JAMES Mc. Kinnon</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURNS, KATHERINE MILLS</b>	2.2 NAME	<b>P.O. BOX 760 N/A</b>
STREET ADDRESS	<b>N HWY. 441 AND AVE. E</b>	2.3 STREET ADDRESS	<b>REDDICK, FLA. 32686</b>
CITY-ST-ZIP	<b>MCINTOSH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>JEANNE VINCENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARMER, EWING</b>	3.2 NAME	<b>6130 NW 160 ST</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>P O BOX 208 N/A</b>	3.3 STREET ADDRESS	<b>REDDICK, FLA. 32686</b>
CITY-ST-ZIP	<b>MCINTOSH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>50 BECKLEY Linn</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SWELL, DOROTHY J</b>	4.2 NAME	<b>3140 NE 162nd Place</b>
STREET ADDRESS	<b>14783 NW 43RD AVE.</b>	4.3 STREET ADDRESS	<b>CITRA, FL 32113</b>
CITY-ST-ZIP	<b>REDDICK FL 32686</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Debbie Doughty</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WIMBERLY, ALTHA</b>	5.2 NAME	<b>41290 NW 15th St PO Box 2</b>
STREET ADDRESS	<b>17958 NE 23RD AVE.</b>	5.3 STREET ADDRESS	<b>REDDICK FL 32686</b>
CITY-ST-ZIP	<b>CITRA FL 32113</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Carol Markert</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEE, TROY V.</b>	6.2 NAME	<b>PO Box 481 N/A</b>
STREET ADDRESS	<b>5810 W HWY. 318</b>	6.3 STREET ADDRESS	<b>REDDICK Florida 32686</b>
CITY-ST-ZIP	<b>ORANGE LAKE FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)