

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 03/11/1992
4. FEI Number 59-3127690
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

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. City	
84. State	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	
TITLE	<input type="checkbox"/> DELETE
NAME	D MCCALL, ANNETTE
STREET ADDRESS	10523 NW 125 ST
CITY-ST-ZIP	REDDICK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MCKINREN, JAMES R
STREET ADDRESS	P O BOX 760 N/A
CITY-ST-ZIP	REDDICK FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD LINN, BECKEY
STREET ADDRESS	3140 NE 182ND PLACE
CITY-ST-ZIP	CITRA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JEWELL, DOROTHY J
STREET ADDRESS	14783 NW 43RD AVE.
CITY-ST-ZIP	REDDICK FL 32686
TITLE	<input type="checkbox"/> DELETE
NAME	D WIMBERLY, ALTHA
STREET ADDRESS	17956 NE 23RD AVE.
CITY-ST-ZIP	CITRA FL 32113
TITLE	<input type="checkbox"/> DELETE
NAME	D LEE, TROY V.
STREET ADDRESS	5810 W HWY. 318
CITY-ST-ZIP	ORANGE LAKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Please see Attached Sheet
OK 6/32
PA 3/27/98
TLW

4/9

14. I 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.

SIGNATURE _____ 3-16-98 591-4400

CR2E037 (10/97)

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NORTH MARION INTERFAITH

P. O. Box 730 • Reddick, Florida 32686

(904) 591-4400

Box 13

Board of Directors
and officers

PD

Ewing Farmer
PO BOX 206 N/A
McIntosh, FL 32664

VP-D

Becky Linn
1422 NE 15th Place
Ocala, FL 34470

SD

Josephine Swan
PO BOX 269 N/A
Reddick, FL 32686

T D

Altha Wimberly
17956 NE 23rd Ave
Citra, FL

D

Debbie Welch
4290 NW 151st ST
Reddick, FL 32686

D

Dorothy Jewell
14783 NW 43rd Ave
Reddick, FL 32686

D

Annette McCall
10523 NW 125th ST
Reddick, FL 32686

D

Troy Lee
5610 W Hwy 318
Orange Lake, FL

D

Chris Rath
6200 Avenue H
McIntosh, FL 32664

D

Jacqueline Robinson
8713 NW 181st Place
Reddick, FL 32686

D

Jeanne Vincent
6130 NW 160th ST
Reddick, FL 32686

D

Margaret McDavid
5751 NW 185th ST
Reddick, FL 32686