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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47828

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

2a. Mailing Address

3. Date Incorporated or Qualified
03/11/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3127690

Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D MCCALL, ANNETTE**
STREET ADDRESS **10523 NW 125 ST**
CITY-ST-ZIP **REDDICK FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **President / Director**
1.3 STREET ADDRESS **Mr. Ewing Farmer**
1.4 CITY-ST-ZIP **20840 4th Street**
McIntosh, FL 32664

TITLE ☐ DELETE
NAME **D WELCH, DEBBIE**
STREET ADDRESS **4290 N.W. 151ST STREET**
CITY-ST-ZIP **REDDICK FL 32686**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **Vice President / Director**
2.3 STREET ADDRESS **Annette McCall**
2.4 CITY-ST-ZIP **10523 NW 125th St**
Reddick, FL 32686

TITLE ☒ DELETE
NAME **SD LINN, BECKEY**
STREET ADDRESS **3140 NE 162ND PLACE**
CITY-ST-ZIP **CITRA FL**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **Treasurer / Director**
3.3 STREET ADDRESS **Mrs. Lucy Ward**
3.4 CITY-ST-ZIP **3801 North Hwy 441**
Orla, FL 34475

TITLE ☐ DELETE
NAME **D JEWELL, DOROTHY J**
STREET ADDRESS **14783 NW 43RD AVE.**
CITY-ST-ZIP **REDDICK FL 32686**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Secretary / Director**
4.3 STREET ADDRESS **James McKinnon**
4.4 CITY-ST-ZIP **16047 NW 37th Terrace**
Reddick FL 32686

TITLE ☒ DELETE
NAME **D WIMBERLY, ALTHA**
STREET ADDRESS **17956 NE 23RD AVE.**
CITY-ST-ZIP **CITRA FL 32113**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Director**
5.3 STREET ADDRESS **Mrs. Chris Rath**
5.4 CITY-ST-ZIP **6020 Ave H.**
McIntosh, FL 32664

TITLE ☒ DELETE
NAME **D LEE, TROY V.**
STREET ADDRESS **5610 W HWY. 318**
CITY-ST-ZIP **ORANGE LAKE FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Director**
6.3 STREET ADDRESS **Margaret McDavid**
6.4 CITY-ST-ZIP **5751 NW 185th St**
Reddick, FL 32686

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)