

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47828

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3127690

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCALL, ANNETTE	
STREET ADDRESS	10523 NW 125 ST	
CITY-ST-ZIP	REDDICK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELCH, DEBBIE	
STREET ADDRESS	4290 N.W. 151ST STREET	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCKINNON, JAMES	
STREET ADDRESS	16047 NW 37TH TERR	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEWELL, DOROTHY J	
STREET ADDRESS	14783 NW 43RD AVE.	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FARMER, EWING	
STREET ADDRESS	20840 4TH ST	
CITY-ST-ZIP	MCINTOSH FL 32264	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WARD, LUCY	
STREET ADDRESS	3801 N. HWY 441	
CITY-ST-ZIP	OCALA FL 34475	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIEST, ROBERT	
STREET ADDRESS	1-7800 N. HWY 441	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET MCDAVID	
STREET ADDRESS	5751 NW 185 STREET	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKI ROBINSON	
STREET ADDRESS	8713 NW 181 PLACE	
CITY-ST-ZIP	reddick, FL 32686	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	julie musselman	
STREET ADDRESS	9450 NW 200 ST RD	
CITY-ST-ZIP	mcintosh, fl 32664	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie Musselman* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90321 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)