

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90033 033 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete  
NAME **MCCALL, ANNETTE**  
STREET ADDRESS **10523 NW 125 ST**  
CITY-ST-ZIP **REDDICK FL**

TITLE **PRESIDENT** ☐ Change ☐ Addition  
NAME **PRIEST, ROBERT**  
STREET ADDRESS **17800 N. HWY. 441**  
CITY-ST-ZIP **REDDICK, FL 32686**

TITLE **S** ☒ Delete  
NAME **PRIEST, ROBERT**  
STREET ADDRESS **17800 N. HWY 441**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **VICE-PRESIDENT** ☐ Change ☐ Addition  
NAME **MCCALL, ANNETTE**  
STREET ADDRESS **10523 N.W. 125 ST.**  
CITY-ST-ZIP **REDDICK, FL 32686**

TITLE **D** ☐ Delete  
NAME **MCDAVID, MARGARET**  
STREET ADDRESS **5751 NW 185 ST.**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **CHRIS RATH**  
STREET ADDRESS **6200 AVENUE H**  
CITY-ST-ZIP **MCINTOSH, FL 32664**

TITLE **D** ☒ Delete  
NAME **ROBINSON, JACKI**  
STREET ADDRESS **8713 NW 181 PL.**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **REV. THOMPSON, RANDOLPH**  
STREET ADDRESS **15536 N.W. 41 AVE**  
CITY-ST-ZIP **REDDICK, FL 32686**

TITLE **PD** ☒ Delete  
NAME **FARMER, EWING**  
STREET ADDRESS **20840 4TH ST**  
CITY-ST-ZIP **MCINTOSH FL 32264**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MUSSELMAN, JULIE**  
STREET ADDRESS **9450 NW 200 ST RD.**  
CITY-ST-ZIP **MCINTOSH FL 32664**

TITLE ☐ Change ☐ 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:

*Robert W. Priest* **ROBERT W. PRIEST** 4-19-01 352-591-4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)