

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47828

1. Entity Name

NORTH MARION INTERFAITH, INC.

Principal Place of Business

Mailing Address

15150 NW GAINESVILLE RD.
REDDICK FL 32686

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

Name

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

City

FL

Zip Code

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

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 P
NAME PRIEST, ROBERT
STREET ADDRESS 17800 N. HWY #441
CITY-ST-ZIP REDDICK FL 32686 ☐ Delete

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

TITLE VP
NAME MCCALL, ANNETTE
STREET ADDRESS 10523 NW 125TH ST
CITY-ST-ZIP REDDICK FL 32686 ☐ Delete

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

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

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

TITLE S
NAME RATH, CHRIS
STREET ADDRESS 6200 AVE H
CITY-ST-ZIP MCINTOSH FL 32664 ☐ Delete

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

TITLE T
NAME THOMPSON, RANDOLPH REV
STREET ADDRESS 15536 NW 41ST AVE
CITY-ST-ZIP REDDICK FL 32686 ☐ Delete

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUSSELMAN

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91625 036 ****61.25

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DO NOT WRITE IN THIS SPACE

UBR0301

CR2E037 (9/01)