

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90115 040 \*\*\*\*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

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*Julie Musselman* **JULIE MUSSELMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-12-04**

Date

**352-591-4400**

Daytime Phone #