


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90139 020 ****61.25

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**



CHECK HERE IF MAKING CHANGES

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

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	P	<input type="checkbox"/> Delete
NAME	PRIEST, ROBERT	
STREET ADDRESS	17800 N. HWY #441	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCALL, ANNETTE	
STREET ADDRESS	10523 NW 125TH ST	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDAVID, MARGARET	
STREET ADDRESS	5751 NW 185TH ST	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	S	<input type="checkbox"/> Delete
NAME	RATH, CHRIS	
STREET ADDRESS	6200 AVE H	
CITY-ST-ZIP	MCINTOSH FL 32664	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, RANDOLPH REV	
STREET ADDRESS	15536 NW 41ST AVE	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSSELMAN, JULIE	
STREET ADDRESS	9450 NW 200 ST RD.	
CITY-ST-ZIP	MCINTOSH FL 32664	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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* **Julie Musselman** 4-01-03 352-591-4400

CR2E037 (10/02)