

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90735 043 ****61.25

DOCUMENT # N95000005643

1. Entity Name

HEBRON EVANGELICAL CHURCH OF MARION OAKS, INC.



Principal Place of Business

166 MARION OAKS BOULEVARD #12
OCALA FL 34473

Mailing Address

166 MARION OAKS BOULEVARD #12
OCALA FL 34473

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3349150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRIS, GEORGE C
2675 SOUTH WEST 177TH PLACE ROAD
OCALA FL 34473

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

George Parris

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

(NOTE: Registered Agent signature required when reinstating)

4/7/04

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 **VD** ☐ Delete
NAME **PARRIS, PASTOR GEORGE C**
STREET ADDRESS **2675 SW 177TH PL RD.**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **STD** ☒ Delete
NAME **HOLDER, RUBEN A**
STREET ADDRESS **2208 SW 148TH LN**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **D** ☐ Delete
NAME **ROSS, PEARL**
STREET ADDRESS **14210 SW 34 TERRACE RD.**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **TREASURER (STD)** ☐ Delete
NAME **LENNOX HOYTE**
STREET ADDRESS **16173 SW 47TH TER**
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

George Parris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Date

Daytime Phone #