2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005643

1. Entity Name
HEBRON EVANGELICAL CHURCH OF MARION OAKS, INC.

Principal Place of Business	Mailing Address
125 MARION OAKS TRAIL OCALA, FL 34473	125 MARION OAKS TRAIL OCALA, FL 34473

02292008 No Chg-NP CR2E037 (4/06)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000851665
03/25/08-80048-016 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARRIS, GEORGE C
STREET ADDRESS	2675 SW 177TH PL RD.
CITY-ST-ZIP	OCALA, FL 34473
TITLE	D
NAME	SEWART, NEIGEL
STREET ADDRESS	2500 S.W. 153RD PLACE
CITY-ST-ZIP	OCALA, FL 34473
TITLE	T
NAME	CLARKE, BALFORD
STREET ADDRESS	20 SPRING LANE WAY
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Bishop 3/2/08 (352)307-5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #