

FILED
Mar 03, 2003 8:00 am
Secretary of State

01-27-2003 90321 041 ***61.25

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

1/2

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3349150

Applied For

Not Applicable

6. 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

PARRIS, GEORGE C
2875 SOUTH WEST 177TH PLACE ROAD
OCALA FL 34473

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD
NAME: PARRIS, GEORGE C
STREET ADDRESS: 2875 SW 177TH PL. RD.
CITY-ST-ZIP: Ocala FL 34473 ☐ Delete

TITLE: Pastor
NAME: George C Parris
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: STD
NAME: HOLDER, RUBEN A
STREET ADDRESS: 2208 SW 148TH LN
CITY-ST-ZIP: Ocala FL 34473 ☐ Delete

TITLE: HOLDER
NAME: RUBEN A
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D
NAME: KING, ALICE T
STREET ADDRESS: 1417 N.W. 20TH AVE.
CITY-ST-ZIP: Ocala FL 34473 ☒ Delete

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

TITLE: Pearl Ross
NAME: Pearl Ross
STREET ADDRESS: 14210 SW 34th Ave RD
CITY-ST-ZIP: 34473 ☐ Delete

TITLE: Secretary
NAME: PEARL ROSS
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 C Parris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 22

2003

Date

Daytime Phone #

CR2E037 (10/02)