

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006030

FILED
May 03, 2006
Secretary of State

Entity Name: NORTH MARION MINISTRY ASSOC., INC.

Current Principal Place of Business:

19050 US HWY. 441
ORANGE LAKE, FL 32681 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 12
ORANGE LAKE, FL 32681

New Mailing Address:

FEI Number: 59-3355717 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HEATH, HOWARD C
19050 US HWY. 441
ORANGE LAKE, FL 32681 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEATH, HOWARD C
Address: 19050 US HWY. 441
City-St-Zip: ORANGE LAKE, FL 32681 US

Title: D () Delete
Name: HOUSTON, SHIRLEY
Address: 7117 ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: STD () Delete
Name: HEATH, DEBORAH M
Address: 19050 US HWY 441 N
City-St-Zip: ORANGE LAKE, FL 32681

Title: D () Delete
Name: DYKSTRA, JACOB
Address: 2965 SE 38TH ST.
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD C. HEATH

P

05/03/2006

Electronic Signature of Signing Officer or Director

Date