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FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000006579 (4)**

1. Corporation Name

MARION OAKS ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

**13977 SW 32ND TERRACE ROAD
OCALA FL 34473**

**13977 SW 32ND TERRACE ROAD
OCALA FL 34473-2285**



3. Date Incorporated or Qualified
12/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-2929293

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DECK, KEVIN
13977 SW 32ND TERRACE ROAD
OCALA FL 34473**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DECK, KEVIN**
STREET ADDRESS **4181 SW 167TH STREET**
CITY-ST-ZIP **OCALA FL 34473**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **DECK, KEVIN**
1.3 STREET ADDRESS **4181 SW 167th STREET**
1.4 CITY-ST-ZIP **OCALA, FL 34473**

TITLE **D** ☐ DELETE
NAME **PRATHER, PAT**
STREET ADDRESS **4471 SW 160TH LOOP**
CITY-ST-ZIP **OCALA FL 34473**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME **PRATHER, PAT**
2.3 STREET ADDRESS **4471 SW 160th LOOP**
2.4 CITY-ST-ZIP **OCALA, FL 34473**

TITLE **D** ☐ DELETE
NAME **PRATHER, LEE**
STREET ADDRESS **4471 SW 160TH LOOP**
CITY-ST-ZIP **OCALA FL 34473**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILLS, RUDOLPH**
STREET ADDRESS **3120 SW 173RD ROAD**
CITY-ST-ZIP **OCALA FL 34473**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FRENCH, EGBERT**
STREET ADDRESS **15169 SW 48TH AVE.**
CITY-ST-ZIP **OCALA FL 34473**

5.1 TITLE **S** ☒ Change ☐ Addition
5.2 NAME **FRENCH, EGBERT**
5.3 STREET ADDRESS **15169 SW 48th AVE.**
5.4 CITY-ST-ZIP **OCALA, FL 34473**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **VANDELINDER, DAN**
6.3 STREET ADDRESS **8253 SW 106TH ST.**
6.4 CITY-ST-ZIP **OCALA, FL. 34481**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kevin Deck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97 352-347-3001
Date Daytime Phone # 0001001

CR2E037 (9/96)