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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified
12/20/1996

4. FEI Number	Applied For
59-2929293	<input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
DECK, KEVIN 13977 SW 32ND TERRACE ROAD OCALA FL 34473	

10. Name and Address of New Registered Agent	
81 Name	J. Wade Adams
82 Street Address (P.O. Box Number is Not Acceptable)	17320 S.W. 27 Court Rd.
83	
84 City	Ocala
85 Zip Code	FL 34473

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 **J. Wade Adams (Pastor)** *J. Wade Adams* **3/18/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	DECK, KEVIN
STREET ADDRESS	4181 SW 167TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	PRATHER, PAT
STREET ADDRESS	4471 SW 160TH LOOP
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PRATHER, LEE
STREET ADDRESS	4471 SW 160TH LOOP
CITY-ST-ZIP	OCALA FL 34473
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLS, RUDOLPH
STREET ADDRESS	3120 SW 173RD ROAD
CITY-ST-ZIP	OCALA FL 34473
TITLE	S <input type="checkbox"/> DELETE
NAME	FRENCH, EGBERT
STREET ADDRESS	15100 SW 48TH AVE.
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VANDELINDER, DAN
STREET ADDRESS	8263 SW 106TH ST.
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Wade Adams
1.3 STREET ADDRESS	17320 S.W. 27 Court Rd.
1.4 CITY-ST-ZIP	Ocala, Fl. 34473
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Pat Prather* **PAT PRATHER** *Treasurer* **3-18-98** **352-347-3001**

CFR2037 (10/97)