

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90253 008 *****70.00

DOCUMENT # N96000006579

1. Entity Name

MARION OAKS ASSEMBLY OF GOD, INC.

Principal Place of Business

13977 SW 32ND TERRACE ROAD
OCALA FL 34473

Mailing Address

13977 SW 32ND TERRACE ROAD
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, J W
17320 SW 27TH COURT RD
OCALA FL 34473

Name C. Gaylon Benton

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

13977 SW 32nd Terrace Road

City

Ocala

FL

Zip Code

34473

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.

SIGNATURE

C. Gaylon Benton

C. Gaylon Benton

January 10, 2001

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, J W	
STREET ADDRESS	17320 SW 27TH COURT RD	
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	D	<input type="checkbox"/> Delete
NAME	FRENCH, EGBERT	
STREET ADDRESS	15169 SW 48TH AVE.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Gaylon Benton	
STREET ADDRESS	13977 SW 32 Ter Rd	
CITY-ST-ZIP	Ocala FL 34473	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Behrens	
STREET ADDRESS	6776 SW 114 St. Rd.	
CITY-ST-ZIP	Ocala FL 34476	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kittie Moreno	
STREET ADDRESS	15103 SW 38 Circle	
CITY-ST-ZIP	Ocala FL 34473	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Colon	
STREET ADDRESS	13517 SW 40 Circle	
CITY-ST-ZIP	Ocala FL 34473	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. Gaylon Benton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-01 352-347-3115

CR2E037 (10/00)