

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006579

1. Entity Name

MARION OAKS ASSEMBLY OF GOD, INC.

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90184 030 ****70.00

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENTON, C GAYLON

13977 SW 32ND TERRACE 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.

SIGNATURE

C. Gaylon Benton

July 3, 2002

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 ☐ Delete
NAME D BENTON, C GAYLON
STREET ADDRESS 13977 SW 32 TER RD
CITY-ST-ZIP Ocala FL 34473

TITLE ☒ Addition
NAME D SPRNCE, JOHN
STREET ADDRESS 15620 SW 46 CIRCLE
CITY-ST-ZIP Ocala FL 34473

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

TITLE ☒ Addition
NAME D ~~McGHEE~~ ALVIN
STREET ADDRESS 14371 SW 33RD COURT ROAD
CITY-ST-ZIP Ocala FL 34473

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

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

TITLE ☐ Delete
NAME D BEHRENS, DON
STREET ADDRESS 6776 SW 114 ST RD
CITY-ST-ZIP Ocala FL 34476

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

TITLE ☐ Delete
NAME D MORENO, KITTIE
STREET ADDRESS 15103 SW 38 CIRCLE
CITY-ST-ZIP Ocala FL 34473

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

TITLE ☒ Delete
NAME D COLON, MICHAEL
STREET ADDRESS 13517 SW 40 CIRCLE
CITY-ST-ZIP Ocala FL 34473

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-341-3001

CR2E037 (9/01)