2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

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SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 23, 2004 8:00 am Secretary of State DOCUMENT # N96000006579 1. Entity Name 03-23-2004 90011 014 ****61.25 MARION OAKS ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 13977 SW 32ND TERRACE ROAD 13977 SW 32ND TERRACE ROAD 94034013 **OCALA FL 34473 OCALA FL 34473** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For NO-T APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENTON, C GAYLON Street Address (P.O. Box Number is Not Acceptable) 13977 SW 32ND TERRACE ROAD OCALA FL 34473 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE DATE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Director ___ Change Addition TITLE ´□ Delete TITLE McGhie, BENTON, C GAYLON NAME NAME 14371 Sw 33rd. Court 13977 SW 32 TER RD STREET ADDRESS STREET ADDRESS OCALA FL 34473 CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLS, RUDOLPH NAME 3120 SW 173RD ROAD STREET ADDRESS STREET ADDRESS OCALA FL 34473 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete FRENCH, EGBERT 15169 SW 48TH AVE. STREET ADDRESS STREET ADORESS OCALA FL 34473 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BEHRENS, DON NAME NAME 6776 SW 114 ST RD STREET ADDRESS STREET ADDRESS OCALA FL 34476 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MORENO, KITTIE NAME NAME 15103 SW 38 CIRCLE STREET ADDRESS STREET ADDRESS **OCALA FL 34473** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition SPENCE, JOHN NAME 15620 SW 46 CIRCLE STREET ADDRESS STREET ADDRESS OCALA FL 34473 CITY-ST-7IP 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.

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