

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90157 024 ****61.25

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENTON, C GAYLON 13977 SW 32ND TERRACE ROAD OCALA, FL 34473				7. Name and Address of New Registered Agent Name REV. TIMOTHY M. MCINTYRE Street Address (P.O. Box Number is Not Acceptable) 13977 SW 32ND TERRACE ROAD OCALA 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Rev. Tim McIntyre</u> Rev. Tim McIntyre (Pastor) 4-10-05. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, C GAYLON 13977 SW 32 TER RD OCALA, FL 34473	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR TIM MCINTYRE 13977 SW 32ND TERRACE ROAD OCALA, FL 34473	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLS, RUDOLPH 3120 SW 173RD ROAD OCALA, FL 34473	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEACON DON ORR 13734 SW 38TH COURT OCALA, FL 34473	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRENCH, EGBERT 15169 SW 48TH AVE. OCALA, FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EGBERT FRENCH 15169 SW 48TH AVE. OCALA, FL 34473	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHRENS, DON 6776 SW 114 ST RD OCALA, FL 34476	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEACONESS MICHELLE BARR 17285 SW 36TH AVE. RD. OCALA, FL 34473	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, KITTIE 15103 SW 38 CIRCLE OCALA, FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEACON ALVIN MCGHIE 14371 SW 33RD COURT ROAD OCALA, FL 34473	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, JOHN 15620 SW 48 CIRCLE OCALA, FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rev. Tim McIntyre</u> Rev. Tim McIntyre 4-7-05 352-347-3001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					