2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# N96000006579

Entity Name: MARION OAKS ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

13977 SW 32ND TERRACE ROAD
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

13977 SW 32ND TERRACE ROAD
OCALA, FL 34473

New Mailing Address:

FEI Number: 59-2929293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINTYRE, TIMOTHY M REV
13977 SW 32ND TERRACE ROAD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MCINTYRE, TIMOTHY	
Address:	13977 SW 32 TER RD	
City-St-Zip:	OCALA, FL 34473	
Title:	D	( ) Delete
Name:	ORR, DON	
Address:	13734 SW 38TH CT	
City-St-Zip:	OCALA, FL 34473	
Title:	T	( ) Delete
Name:	FRENCH, EGBERT	
Address:	15169 SW 48TH AVE.	
City-St-Zip:	OCALA, FL 34473	
Title:	D	( ) Delete
Name:	BABB, MICHELLE	
Address:	17285 SW 36TH AVE RD	
City-St-Zip:	OCALA, FL 34473	
Title:	D	( ) Delete
Name:	MCGHIE, ALVIN	
Address:	14371 SW 33 COURT ROAD	
City-St-Zip:	OCALA, FL 34473	
Title:	D	( ) Delete
Name:	SPENCE, JOHN	
Address:	15620 SW 46 CIRCLE	
City-St-Zip:	OCALA, FL 34473	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MCINTYRE P 01/03/2007

Electronic Signature of Signing Officer or Director — Date