


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # N96000006579 1. Entity Name MARION OAKS ASSEMBLY OF GOD, INC.	
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Principal Place of Business 13977 SW 32ND TERRACE ROAD OCALA, FL 34473	Mailing Address 13977 SW 32ND TERRACE ROAD OCALA, FL 34473
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01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2929293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

**U00000785026
01/16/08-80077-024 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINTYRE, TIMOTHY 13977 SW 32 TER RD OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, DON 13734 SW 38TH CT OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRENCH, EGBERT 15169 SW 48TH AVE. OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABB, MICHELLE 17285 SW 36TH AVE RD OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGHIE, ALVIN 14371 SW 33 COURT ROAD OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, JOHN 15620 SW 46 CIRCLE OCALA, FL 34473

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rev. Tim McIntyre **Rev. Tim McIntyre** **(-9-07)** **(352) 347-3001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #