

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006579

FILED  
Jan 05, 2009  
Secretary of State

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: D (X) Change ( ) Addition  
Name: DONOVAN, ELI  
Address: 732 MARION OAKS MANOR  
City-St-Zip: OCALA, FL 34473

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

Title: D (X) Change ( ) Addition  
Name: BABB, MICHELLE  
Address: 17710 SW 17TH CIRCLE  
City-St-Zip: OCALA, FL 34473

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 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: TIM MCINTYRE

REV.

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date