

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90020 044 ****61.25

0082547

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENTON, C GAYLON
13977 SW 32ND TERRACE ROAD
OCALA FL 34473**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

C. Gaylon Benton

5-5-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D	<input type="checkbox"/> Delete
NAME	BENTON, C GAYLON	
STREET ADDRESS	13977 SW 32 TER RD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLS, RUDOLPH	
STREET ADDRESS	3120 SW 173RD ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRENCH, EGBERT	
STREET ADDRESS	15169 SW 48TH AVE.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEHRENS, DON	
STREET ADDRESS	6776 SW 114 ST RD	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORENO, KITTIE	
STREET ADDRESS	15103 SW 38 CIRCLE	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCE, JOHN	
STREET ADDRESS	15620 SW 46 CIRCLE	
CITY-ST-ZIP	OCALA FL 34473	

TITLE	Alvin McGhie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14371 SW 33 Ct Rd	
STREET ADDRESS	Ocala, FL 34473	
CITY-ST-ZIP	Ocala, FL 34473	
TITLE	Jose Lucena	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	159 Marion Oaks Dr	
STREET ADDRESS	Ocala, FL 34473	
CITY-ST-ZIP	Ocala, FL 34473	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *C. Gaylon Benton* **SECRETARY OF GAYLON BENTON** **5/5/03** **352-347-3001**

CR2E037 (10/02)