

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005643

**Entity Name:** HEBRON EVANGELICAL FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

2675 SW 177 PL RD  
OCALA, FL 34473

**Current Mailing Address:**

2675 SW 177 PL RD  
OCALA, FL 34473 US

**FEI Number: 59-3349150**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PARRIS, GEORGE C  
2675 SOUTH WEST 177TH PLACE ROAD  
OCALA, FL 34473 US

*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

**Officer/Director Detail :**

Title PD  
Name PARRIS, GEORGE C  
Address 2675 SW 177TH PL RD.  
City-State-Zip: Ocala FL 34473

Title D  
Name MUIR, KATHLEEN  
Address 8494 SW 136 LOOP  
City-State-Zip: Ocala FL 34473

Title DT  
Name CLARKE, SHERRION  
Address 5220 SW 115 LOOP  
City-State-Zip: Ocala FL 34476

Title ADMINISTRATORDIRECTOR  
Name PARRIS, JOAN  
Address 2675 SW 177 PLACE RD.  
City-State-Zip: Ocala FL 34473

Title PASTOR  
Name CHARLES, TERRENCE SR.  
Address 17411 SW 27 CIR  
City-State-Zip: Ocala FL 34473

Title D  
Name SCOTT, MARTIN  
Address 102 ROCKAWAY AVE  
City-State-Zip: Brooklyn NY 11233

Title D  
Name BRADSHAW, EVELYN  
Address 35 E 92 ST  
City-State-Zip: Brooklyn NY 11233

Title D  
Name PHILIP, LYDIA  
Address 312 SCHENECTADY AVE APT B7  
City-State-Zip: Brooklyn NY 11213

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: TERRENCE CHARLES**

**PASTOR**

**03/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            PHILIPS, JUDITH  
Address        3027 SW 132ND ST  
City-State-Zip: Ocala FL 34473