FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 735901

1. Corporation Name

MARION GRANGE NO. 207, INC.

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90038 020 ****61.25

								•	
Principal Plac	e of Business	Mailing Address							
ROBERT LAW 5920 S.E. STETSON ROAD BELLEVIEW FL 34420 US		11680 SE 84 AVE BELLEVIEW FL 34420 US							
Principal Place of Business Za. Mailing Address			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			3. Date Incorporated or Qualifed			
21		26				05/24/1976 4. FEI Number			lind For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	City & State			23-7328391	1,	· · · · · · ·	Applicable
City & Stat	e							dditional	
23		28			ļ	5. Certificate of Status Desired		Fee Rec	quired
Zip Country		Zip	Zip Country			6. Election Campaign Financing		\$5.00	May Be
24	25	29 30				Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent	81	T NI	ame	10. Name and Address of New Re	gistered A	gent	
			٥٠				_	•	
LAW, ROBERT			82	St	treet Addres	ddress (P.O. Box Number is Not Acceptable)			•
11680 SE 84 AVE BELLEVIEW FL 34420			83	1		<u> </u>			
RELLEVIE	W FL 34420			<u> </u>				Top Zin C	
			84		ity		FL	85 Zip C	oue
SIGNATURE	Signature, typed or printed name of registered agent		stered Age	nt sign	w beniuper enutan	rhen reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AN	D DIRECTO	RS IN 12
TITLE	T		1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
NAME	DESELLEMS, FLORENCE		1.2 NAME		İ				
STREET ADDRESS	1001 0 5 10010 115		1.3 STREE	T ADD	ORESS	•			
CITY-ST-ZIP	SILVER SPRINGS FL	_	1.4 CITY-\$	ST-ZIP	·		_		
TITLE	D	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	COLE, LUCY	The state of the s	2.2 NAME						
STREET ADDRESS			2.3 STREE		ł				
CITY-ST-ZIP	BELLEVIEW FL		2.4 CITY-5 3.1 TITLE	ST-ZIF				Change	☐ Addition
NAME	S LAW, ROBERT		3.2 NAME						<u> </u>
STREET ADDRESS)		3.3 STREE	T ADD	RESS		,		•
CITY-ST-ZIP	BELLEVIEW FL		3.4. CITY-5	ST-ZIF	P				
TITLE	D	☐ DELETE	4.1 TITLE				_	☐ Change	Addition
NAME	COLE, DORIS		4. 2 NAME					, ,	
STREET ADDRESS			4.3 STREE					1	
CITY-ST-ZIP	BELLEVIEW FL 34420		4.4 CITY-S 5.1 TITLE	ST-ZIP	· +-	<u> </u>	-	☐ Change	 Addition
TITLE NAME		_	5.2 NAME					— change	
NAME STREET ADDRESS			5.3 STREE	T ADD	DRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	,				
TITLE	 	□ DÉLETE	6.1 TITLE		1			☐ Change	Addition

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attactyment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

352-245-8289