


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90103 040 ****61.25

DOCUMENT # 735901 1. Entity Name MARION GRANGE NO. 207, INC.					
Principal Place of Business ROBERT LAW 5920 S.E. STETSON ROAD BELLEVIEW, FL 34420 US			Mailing Address PO BOX 1042 BELLEVIEW, FL 34421 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5480 S.E. 142nd ST Suite, Apt. #, etc. Summerfield, FL City & State 34491 MARION Zip Country			
City & State		City & State		4. FEI Number 23-7328391	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW, ROBERT 5234 SE 112 ST. BELLEVIEW, FL 34420				7. Name and Address of New Registered Agent Name PATRICIA H. Smith Street Address (P.O. Box Number is Not Acceptable) 5480 S.E. 142nd ST City Summerfield FL Zip Code 34491	
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 <u>PATRICIA H. Smith</u> <u>Patricia H Smith</u> <u>4-8-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	T JARVIS, E.W. 6352 S.W. 61ST ST. OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Master James Beatty 34951 Learn Rd Leesburg, FL, 34788 EX. Comm EARL LOUCKS 9640 S.E. 56th Ln Summerfield, FL, 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, LUCY 11265 S.E. 121ST LANE ROAD BELLEVIEW, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EARL LOUCKS 9640 S.E. 56th Ln Summerfield, FL, 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAW, ROBERT 10431 S.E. 49TH COURT BELLEVIEW, FL 34420	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EARL LOUCKS 9640 S.E. 56th Ln Summerfield, FL, 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, DORIS 34951 LEARN ROAD LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EARL LOUCKS 9640 S.E. 56th Ln Summerfield, FL, 34491	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICIA Smith Secretary 5480 S.E. 142nd ST Summerfield, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EARL LOUCKS 9640 S.E. 56th Ln Summerfield, FL, 34491	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICIA Smith Secretary 5480 S.E. 142nd ST Summerfield, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EARL LOUCKS 9640 S.E. 56th Ln Summerfield, FL, 34491	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Patricia Smith</u> <u>PATRICIA Smith</u> <u>4-8-2004</u> <u>352-45-8319</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

44029661



04022004 Chg-NP CR2E037 (10/03)