FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:55

DOCUMENT # **767762** **(8)**

1. Corporation Name

MARION OAKS VOLUNTEER EYES, INCORPORATED

Principal Place of Business	Mailing Address
294 MARION OAKS LANE OCALA FL 34473 US	294 MARION OAKS LANE OCALA FL 34473 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1983
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2348068 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BREWINGTON, GEORGE 3385 S W 145TH PL RD OCALA FL 34473	81 Name: WILLIAMS, LEONARD 82 Street Address (P.O. Box Number is Not Acceptable): 4248 SW 145th LANE 83 84 City: OCALA FL 85 Zip Code: 34473

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Leonard Williams — 1-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WALT, BERNARD	1.2 NAME	
STREET ADDRESS	4694 S.W. 133RD LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	DECARLI, JOAN	2.2 NAME	
STREET ADDRESS	14691 S.W. 39TH CT., RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MANNING, LOUISE	3.2 NAME	
STREET ADDRESS	14499 SW 34TH TERR. RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☑ Change ☐ Addition
NAME	WINTER, THERESA	4.2 NAME	T
STREET ADDRESS	3731 SW 150TH LOOP	4.3 STREET ADDRESS	BREWINGTON, JULIA
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	3385 SW 145th PLACE ROAD OCALA, FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LEONARD	5.2 NAME	
STREET ADDRESS	4248 SW 145TH LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	FEENEY, JOSEPH	6.2 NAME	D
STREET ADDRESS	509 MARION OAKS DR	6.3 STREET ADDRESS	SEIB, CHARLES
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	15082 SW 38th CIRCLE OCALA, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: Brewington, Julia Julie Brewington 1/25/95 347-0196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0068381