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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34473-2812 US

3. Date Incorporated or Qualified: 03/31/1983
3a. Date of Last Report: 02/26/1996

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:

4. FEI Number: 59-2348068 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WALT, BERNARD
4694 SW 133RD LANE
OCELA FL 34473

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE BERNARD WALT — DATE 01-2097
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BIRCH, ARTHUR		1.2 NAME	BOMBARDIER, Robert	
STREET ADDRESS	14751 SW 35TH TERR RD		1.3 STREET ADDRESS	15237 SW 39 CIRCLE (39 CIRCLE)	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA, FL 34473	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	JOHNSON, RIOCAHRD		2.2 NAME	BARNES, William	
STREET ADDRESS	2496 SW 152ND LANE		2.3 STREET ADDRESS	15606 SW 27 AVE RD	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA FL 34473	
TITLE	S	☒ DELETE	3.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	MANNING, LOUISE		3.2 NAME	SULLIVAN, NANCY	
STREET ADDRESS	14499 SW 34TH TERR. RD		3.3 STREET ADDRESS	14875 SW 35 CIRCLE	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	OCALA, FL 34473	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BREWINGTON, JULIA		4.2 NAME		
STREET ADDRESS	3385 SW 145TH PLACE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	LAWRENCE, GEORGE		5.2 NAME	WEINBERG, JAMES	
STREET ADDRESS	14716 SW 39TH CIRCLE		5.3 STREET ADDRESS	15178 SW 38 CIRCLE	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	OCALA, FL 34473	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

Bank Dep 61.25

CR2E037 (9/96)

14. I do 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 attachment with an address.