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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767762

1. Corporation Name

MARION OAKS VOLUNTEER EYES, INCORPORATED

Principal Place of Business

294 MARION OAKS LANE
OCALA FL 34473
US

Mailing Address

294 MARION OAKS LANE
OCALA FL 34473
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/31/1983

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALT, BERNARD
4694 SW 133RD LANE
OCALA FL 34473

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

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 ☐ DELETE
NAME **S**
STREET ADDRESS **VELEBIR EMILY**
CITY-ST-ZIP **13985 SW 42ND AVE**
OCALA FL 34473

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BIRCH ARTHUR**
CITY-ST-ZIP **3616 SW 147 PLACE**
OCALA FL 34473

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **BREWINGTON, JULIA**
CITY-ST-ZIP **3385 SW 145TH PLACE ROAD**
OCALA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **THERESA WINTER**
3.3 STREET ADDRESS **3359 SW 137 LOOP**
3.4 CITY-ST-ZIP **OCALA FL 34473**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PANTALEO ALICE**
CITY-ST-ZIP **262 MARION OAKS COURSE**
OCALA FL 34473

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BARNES, WILLIAM**
CITY-ST-ZIP **15606 SW 27 AVE RD**
OCALA FL 34473

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: *EMILY VELEBIR*

1/19/99

347-1262

CR2E037 (11/98)