2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 17, 2004 8:00 am
Secretary of State
03-16-2004 90044 037 ****61.25

DOCUMENT # 767762

1. Entity Name

MARION OAKS VOLUNTEER EYES, INCORPORATED

66422137

MOORE CR2E037 (11/03)

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number [redacted] ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIRCH, SUE 3616 SW 149TH PL OCALA FL 34473	Name: CHARLES SMITH Street Address (P.O. Box Number is Not Acceptable): 4310 SW 148 PLACE City: OCALA FL Zip Code: 34473

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: Bernard Walt Jr. Sue Bernard Walt Jr. 03-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BIRCH, SUE 3616 SW 147TH PLACE OCALA FL 34473	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~[redacted]~~ LAWRENCE, JAN 14931 SW 35TH RD Ocala Fl 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIRCH ARTHUR 3616 SW 147 PLACE OCALA FL 34473	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STUCKEY SONNY 645 MARION OAKS BLVD Ocala Fl 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALT, BERNARDO 469 SW 133 LN OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD CLEVELAND 16880 SW 44 CIR Ocala Fl 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FORD, BEVERLY 16850 SW 44TH CIRCLE OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FORD, BEVERLY 16850 SW 44 CIR Ocala Fl 34473	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD BLANTON, HELEN 3400 SW 153RD PL RD OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TSD~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMITH, CHARLES 4310 SW 148 PL OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~Charles~~ Smith Charles 4310 SW 148 Pl Ocala Fl 34473	☒ Change ☐ Addition

12. 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 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: Jan Lawrence Jan LAWRENCE 23Feb04 352-245-4753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #