2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2018
Secretary of State
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Entity Name: MARION OAKS VOLUNTEER EYES, INCORPORATED

Current Principal Place of Business:

294 MARION OAKS LANE
MARION OAKS COMMUNITY CENTER
OCALA, FL 34473

Current Mailing Address:

294 MARION OAKS LANE
MARION OAKS COMMUNITY CENTER
OCALA, FL 34473 US

FEI Number: 59-2348068

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GABRIEL, LORNA M
294 MARION OAKS LANE
MARION OAKS COMMUNITY CENTER
OCALA, FL 34473 US

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.

SIGNATURE: LORNA M. GABRIEL 02/13/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY	Title	VICE-PRESIDENT
Name	ROSE, MARY	Name	GRAHAM, MICHAEL
Address	294 MARION OAKS LANE MARION OAKS COMMUNITY CENTER	Address	294 MARION OAKS LANE MARION OAKS COMMUNITY CENTER
City-State-Zip:	OCALA FL 34473	City-State-Zip:	OCALA FL 34473
Title	TREASURER	Title	PRESIDENT
Name	GABRIEL, LORNA M	Name	SARGEANT, WALTER
Address	294 MARION OAKS LANE MARION OAKS COMMUNITY CENTER	Address	294 MARION OAKS LANE MARION OAKS COMMUNITY CENTER
City-State-Zip:	OCALA FL 34473	City-State-Zip:	OCALA FL 34473
Title	INSTRUCTOR		
Name	BARNES, BILLIE		
Address	294 MARION OAKS LANE MARION OAKS COMMUNITY CENTER		
City-State-Zip:	OCALA FL 34473		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORNA M. GABRIEL TREASURER 02/13/2018

Electronic Signature of Signing Officer/Director Detail — Date