

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 767762

**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:** No**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

10/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|         |                                                      |
|---------|------------------------------------------------------|
| Title   | SECRETARY                                            |
| Name    | ROSE, MARY                                           |
| Address | 294 MARION OAKS LANE<br>MARION OAKS COMMUNITY CENTER |

City-State-Zip: OCALA FL 34473

|         |                                                      |
|---------|------------------------------------------------------|
| Title   | TREASURER                                            |
| Name    | GABRIEL, LORNA M                                     |
| Address | 294 MARION OAKS LANE<br>MARION OAKS COMMUNITY CENTER |

City-State-Zip: OCALA FL 34473

|         |                                                      |
|---------|------------------------------------------------------|
| Title   | INSTRUCTOR                                           |
| Name    | GREHAM, MICHAEL                                      |
| Address | 294 MARION OAKS LANE<br>MARION OAKS COMMUNITY CENTER |

City-State-Zip: OCALA FL 34473

|         |                                                      |
|---------|------------------------------------------------------|
| Title   | VICE-PRESIDENT                                       |
| Name    | GRAHAM, MICHAEL                                      |
| Address | 294 MARION OAKS LANE<br>MARION OAKS COMMUNITY CENTER |

City-State-Zip: OCALA FL 34473

|         |                                                      |
|---------|------------------------------------------------------|
| Title   | PRESIDENT                                            |
| Name    | SARGEANT, WALTER                                     |
| Address | 294 MARION OAKS LANE<br>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:** WALTER SARGEANT

PRESIDENT

10/22/2022

Electronic Signature of Signing Officer/Director Detail

Date