FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION. ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735901** (1)

1. Corporation Name

MARION GRANGE NO. 207, INC.

Principal Place of Business	Mailing Address
C/O MARGARET STEARNS 13801 SE 52ND CT SUMMERFIELD FL 32691	C/O MARGARET STEARNS 13801 SE 52ND CT SUMMERFIELD FL 32691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1976**
3a. Date of Last Report: **02/28/1994**
4. FEI Number: **23-7328391** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COLE, DAVIS N.
10210 SE HWY. 441
BELLEVIEW FL 34420

Doris M. Cole
10210 S.E. Highway 441
Lot 4 34420
Belleview, FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	SECRETARY ☐ Change ☐ Addition
NAME	DESELLEMS, FLORENCE	12 NAME	DORIS M COLE
STREET ADDRESS	1981 SE 172ND AVE	13 STREET ADDRESS	10210 SE HWY 441
CITY-ST-ZIP	SILVER SPRINGS FL	14 CITY-ST-ZIP	BELLEVIEW FLORIDA 34420
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PALMER, WINNIE	22 NAME	
STREET ADDRESS	13855 SE 54TH CT	23 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	STEARNS, MARGARET	32 NAME	
STREET ADDRESS	13801 SE 52ND CT	33 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	34 CITY-ST-ZIP	
TITLE	M	41 TITLE	☐ Change ☐ Addition
NAME	JARVIS, E.W.	42 NAME	
STREET ADDRESS	6325 S.W. 61ST COURT	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: DORIS M COLE SECRETARY Feb. 6 904-347-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doris M Cole

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