

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **735901**

(1)

1. Corporation Name

**MARION GRANGE NO. 207, INC.**



Principal Place of Business

Mailing Address

C/O MARGARET STEARNS *Deceased*  
13801 SE 52ND CT  
SUMMERFIELD FL 32691

C/O MARGARET STEARNS *Deceased*  
13801 SE 52ND CT  
SUMMERFIELD FL 32691

**ROBERT LAW**

**11680 SE 84AV  
Bellevue FL 34420**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

**05/24/1976**

3a. Date of Last Report

**05/01/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLE, DORIS M  
10210 SE HWY. 441  
BELLEVIEW FL 34420**

81 Name

**ROBERT LAW**

82 Street Address (P.O. Box Number is Not Acceptable)

**11680 SE 84AV**

83

84 City

**BELLEVIEW FL**

85 Zip Code

**34420**

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

**ROBERT LAW**

*Robert Law*

**2-28-96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **DESELLEMS, FLORENCE**  
STREET ADDRESS **1981 SE 172ND AVE**  
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE **D** ☐ DELETE  
NAME **PALMER, WINNIE**  
STREET ADDRESS **13855 SE 54TH CT**  
CITY-ST-ZIP **SUMMERFIELD FL**

TITLE **SD** ☒ DELETE  
NAME **STEARNS, MARGARET**  
STREET ADDRESS **13801 SE 52ND CT**  
CITY-ST-ZIP **SUMMERFIELD FL**

TITLE **M** ☐ DELETE  
NAME **JARVIS, E.W.**  
STREET ADDRESS **6325 S.W. 61ST COURT**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☐ DELETE  
NAME **COLE, DORIS**  
STREET ADDRESS **10210 SW 441 HIGHWAY**  
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE **SEE.** ☐ Change ☒ Addition  
3.2 NAME **ROBERT LAW**  
3.3 STREET ADDRESS **11680 SE 84AV**  
3.4 CITY-ST-ZIP **BELLEVIEW FL 34420**

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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: **ROBERT LAW**

*Robert Law*

**2-28-96**

**352-245-8289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)