FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(1)

MARION GRANGE NO. 207, INC.

FILED Feb 05 1998 8:00am Secretary of State

Principal Plac	ee of Business	Mailing Address					
ROBERT LAW 5920 S.E. STE BELLEVIEW FL US		11880 SE 84 AVE BELLEVIEW FL 34420 US	BELLEVIEW FL 34420			3. Date Incorporated or Qualified 05/24/1976 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing 2			dress			23-7328391 Not Applicable 5. Certificate of Status Desired See Required Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution Added to Fees		
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No		
Zip 24	Country 25	Zip 29	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Hegistered Agent	8	1	Name	10. Name and Address of New Registered Agent	
LAW, ROBERT							
11680 SE 84 AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
BELLEVIEW FL 34420			83	3			
			84	4	City	85 Zip Code	
				ᆚ			
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of, Section 617.0503, F	authorized b lorida Statute	by th es.	he corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed or printed name of registered age	D DIRECTORS	13.	gent	algnature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE		_	1.1 TITLE		☐ Change ☐ Addition	
NAME	DESELLEMS, FLORENCE		1.2 NAME				
STREET ADDRESS 1981 S.E. 172ND AVE		1.3 STREE		ET AD	DDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL		1.4 CITY-	ST-Z	ZIP		
TITLE	0	☐ DELETE	2.1 TITLE	2.1 TITLE		☐ Change ☐ Addition	
NAME	COLE, LUCY		2.2 NAME				
STREET ADDRESS	7,200 - 0.00			2.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEVIEW FL			2. 4 CfTY - ST - ZIP 3.1 T(TLE		Change Addition	
TITLE NAME	LAW, ROBERT			3.2 NAME		Consulte Moduloit	
STREET ADDRESS	44444 487			3.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEVIEW FL			3.4. CITY-ST-ZIP			
TITLE				4.1 TITLE		Change Addition	
NAME	STEARNS, WALTER		4. 2 NAMI	4. 2 NAME			
STREET ADDRESS			4.3 STREE	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-		ZIP		
TITLE	•		5.1 TITLE		1	☐ Change ☐ Addition	
NAME	COLE, DORIS		5.2 NAME				
STREET ADDRESS 10210 SW 441 HIGHWAY CITY-ST-ZIP BELLEVIEW FL 34420			5.3 STREET ADDRESS				
CITY-ST-ZIP				5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition	
TITLE NAME		- Office IE	6.2 NAME			La change Nouthon	
INVINC			Q.Z NAME	,	i		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 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.