**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00** 2-2295 A-1496-xc

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # 741846 (0)

1. Corporation Name
MARION OAKS FIRE DEPARARTMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 102 MARION OAKS LANE<br>OCALA FL 34473 | 102 MARION OAKS LANE<br>OCALA FL 34473 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1978
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1809597 ☐ Applied For ☐ Not Applicable

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

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| RODRIQUEZ, SAUL<br>2497 S.W. 156TH LANE ROAD<br>OCALA FL 34473 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~PD~~ | 1.1 TITLE | CHIEF OF FIRE DEPT. ☑ Change ☐ Addition |
| NAME | RODRIGUEZ, SAUL | 1.2 NAME | |
| STREET ADDRESS | 2497 S.W. 156TH LANE ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | |
| TITLE | C | 2.1 TITLE | PRESIDENT BOARD DIRECTOR ☑ Change ☐ Addition |
| NAME | ~~ROCHE, WILLIAM~~ | 2.2 NAME | PASQUEZ, MANUEL S. (D) |
| STREET ADDRESS | ~~15220 SW 99TH CIR~~ | 2.3 STREET ADDRESS | 3544 SW 147 LN. RD |
| CITY-ST-ZIP | ~~OCALA FL~~ | 2.4 CITY-ST-ZIP | OCALA, FL 34473 |
| TITLE | VD | 3.1 TITLE | VICE PRESIDENT BOARD DIRECTOR ☑ Change ☐ Addition |
| NAME | ~~MOFFITT, ROBERT~~ | 3.2 NAME | MARIAN, SAMUEL A. (D) |
| STREET ADDRESS | ~~15301 SW 42 AVE RD~~ | 3.3 STREET ADDRESS | 11160 SW 37 AVE |
| CITY-ST-ZIP | ~~OCALA FL~~ | 3.4 CITY-ST-ZIP | OCALA, FL 34476 |
| TITLE | S | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | TEETSELL, FRED | 4.2 NAME | |
| STREET ADDRESS | 14570 SW 41 TERR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 4.4 CITY-ST-ZIP | |
| TITLE | AC | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BRIGANTI, VINCENT C | 5.2 NAME | |
| STREET ADDRESS | 15020 SW 48TH CT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | DIRECTOR ☑ Change ☐ Addition |
| NAME | ~~DILLON, RICHARD J~~ | 6.2 NAME | MASSARO, DONNA J. (D) |
| STREET ADDRESS | ~~14000 SW 47TH CT~~ | 6.3 STREET ADDRESS | 14230 SW 98RD CT. RD |
| CITY-ST-ZIP | ~~OCALA FL~~ | 6.4 CITY-ST-ZIP | OCALA, FL 34473 |

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: Saul A. Rodriguez January 25, 1995 (904) 347-0724
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068276