FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

741846

(0)

MARION OAKS FIRE DEPARARTMENT, INC.

Principal Place of Business

Mailing Address

102 MARION OAKS LANE

102 MARION OAKS LANE

FILED May 13 1997 8:00am Secretary of State



OCALA FL 34473		OCALA FL 34473-2360								
						3. Date Incorporated or Qualified 02/28/1978	3a. Date	of Last R 05/01/19	eport 196	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number 59-1809597	4. FEI Number 59-1809597			
Suite, Apt. #, etc Suite, Apt. #, etc.							<u></u>	\$8.75	t Applicable Additional	
2 27						5. Certificate of Status Desired	×		equired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added		
Zip	Country	Zip	Co	untry		B. This corporation has liability for	intangible t	ax under s	. 199.032,	
24	25	29	30				Yes 🗆			
·-1	9. Name and Address of Currer					10. Name and Address of New R	egistered A	gent		
					81 Name					
BRIGANTI, VINCENT C					82 Street Address (P.O. Box Number is Not Acceptable)					
15217 SW 46 CIR				Street Address (F.O. Box Number is Not Acceptable)						
OCALA F				83						
OUALA FI	L 011/3							1221 3	O-1-	
	•			84	City		FL	85 Zip	Code	
office or rec	gistered agent, or both, in the State tamiliar with, and accept the oblig	e of Florida. Such change was	authorize	30 D\	rithe corp	corporation submits this statement for the oration's board of directors. I hereby accor-	ept the appo	Intment as	registered	
SIGNATURE	ignature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Register	ed Age	nt signature	required when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.		· ·	ADDITIONS/CHANGES TO OFF	***************************************			
TITLE	DC	☐ DELETE	1.11	TITLE		2 6 4 /	٠ ا	Change	Addition Addition	
NAME	BRIGANTI, VINCENT C		1.2	NAME		Joe Deutsch				
STREET ADDRESS	15217 SW 46 CIR		1.3	STREET	ADDRESS	444 Marion Oaks Go				
CITY-S1-ZIP	OCALA FL 34473		1,41	CITY-S	T-ZIP	Ocala F1, 34473				
TITLE	PD	☐ DELETE	2.1	TITLE		D	ļ	Change	Addition	
NAME	GREER, CHARLES		2.21	NAME						
STREET ADDRESS	6530 SW 155 ST		2.3	STREET	ADDRESS					
CITY-ST-ZIP	DUNNELLON FL 34432		2.4	ÇITY-	ST-ZIP					
TITLE	D	DELETE	3.1	TITLE				Change	Addition	
NAME	Martian, Samuel		3.2	NAME						
STREET ADDRESS	11160 SW 27 AVE		3.3	STREET	ADDRESS					
CITY-ST-ZIP	OCALA FL 34476	•	3.4.	CITY-	ST-ZIP					
THLE	D	☐ DELETE	4.1	TITLE				Change	Addition	
NAME	MERN, JOSEPH		4.2	NAME						
STREET ADDRESS	3398 SW 147 ST		4.3	STREET	ADDRESS					
CITY-SI-ZIP	OCALA FL 34473		4.4	CITY-S	ST - ZIP					
TITLE	D	DELETE	5.1	TITLE				L Change	Addition	
NAME	FALCO, DONNA		5.2	NAME						
Street address	14230 SW 33 CT RD		5.3	STREE	T ADDRESS					
CITY-ST-ZIP	OCALA FL 34473		5.4	CITY-	ST-ZIP					
TITLE	D	DELETE	6.1	TITLE				Change	Addition	
NAME	HASSARO, DONNA J.	•	6.2	NAME						
STREET ADDRESS	14230 SW 33 CT RD		6.3	STREE	r address					
City-S1-ZiP	OCALA FL				ST-ZIP					
CITY - ST - ZIP	OCALA FL		6.4	CITY-:	ST-ZIP	tated in Section 119.07(3)(i), Florida Statu				

I do nelegy certify that the information supplies with him your first duality to the 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 or as a accument with an address.

SIGNATURE: