

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90047 006 ****61.25

DOCUMENT # 752420

1. Entity Name

MARION OAKS WOMEN'S CLUB INCORPORATED



Principal Place of Business

**294 MARION OAKS LANE
OCALA FL 34473
US**

Mailing Address

**294 MARION OAKS LANE
OCALA FL 34473
US**

50016415



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2352859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFLING, CAROL
3838 SW 161ST LOOP
OCALA FL 34473**

Name **LINDA MACLEOD**

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

14825 S.W. 24TH CT. RD.

OCALA

City

OCALA

FL

Zip Code

34473

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LINDA MACLEOD**

Linda Macleod

1/28/2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **ROSE, MARY**
STREET ADDRESS **15107 SW 43RD TERRACE RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **HOFLING, CAROL**
STREET ADDRESS **3838 SW 161 ST LOOP**
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☒ Change ☐ Addition
NAME **LINDA MACLEOD**
STREET ADDRESS **14825 S.W. 24TH CT. RD.**
CITY-ST-ZIP **OCALA FL. 34473**

TITLE ☒ Delete
NAME **MACLEOD, LINDA**
STREET ADDRESS **14825 SW 24TH CT. RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☒ Change ☐ Addition
NAME **VP PHYLLIS NISBET**
STREET ADDRESS **3348 S.W. 137TH LOOP**
CITY-ST-ZIP **OCALA, FL. 34473**

TITLE ☐ Delete
NAME **MONGILLO, RITA**
STREET ADDRESS **14857 SW 35TH CIR**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DART, BARBARA**
STREET ADDRESS **15127 SW 43RD TERR**
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☒ Change ☐ Addition
NAME **JOAN DECARLI**
STREET ADDRESS **14691 S.W. 39TH CT. RD.**
CITY-ST-ZIP **OCALA, FL. 34473**

TITLE ☒ Delete
NAME **KUEHN, JEANNETTE**
STREET ADDRESS **253 MARLON OAKS LANE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☒ Change ☐ Addition
NAME **ELSIE MILLER**
STREET ADDRESS **13560 S.W. 43RD CIR**
CITY-ST-ZIP **OCALA, FL. 34473**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LINDA MACLEOD** *Linda Macleod* **1/28/2005** **352-307-2522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #