

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90085 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**

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

**MACLEOD, LINDA
14825 SW 24TH CT RD
OCALA FL 34473**

Name

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

City

FL

Zip Code

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

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, 2006**

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

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

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

TITLE **VP** ☐ Delete
NAME **NISBET, PHYLLIS**
STREET ADDRESS **3348 SW 137TH LOOP**
CITY-ST-ZIP **OCALA FL 34473**

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

TITLE **D** ☐ Delete
NAME **DECARLI, JOAN**
STREET ADDRESS **14691 SW 39TH CT RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **D** ☐ Delete
NAME **MILLER, ELSIE**
STREET ADDRESS **13560 SW 43RD CIRCLE**
CITY-ST-ZIP **OCALA FL 34473**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 C. MacLeod **LINDA C. MACLEOD** 2/10/2006 352-307-2522