

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90076 050 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

7. Name and Address of New Registered Agent

Name

PHYLLIS NISBET

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

3348 SW 137TH LOOP

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

Phyllis L Nisbett

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	NAME	STREET ADDRESS	CITY ST / ZIP	<input type="checkbox"/> Delete
T	ROSE, MARY	15107 SW 43RD TERRACE RD	OCALA FL 34473	<input type="checkbox"/>
P	MACLEOD, LINDA	14825 SW 24TH CT RD	OCALA FL 34473	<input checked="" type="checkbox"/>
VP	NISBET, PHYLLIS	3348 SW 137TH LOOP	OCALA FL 34473	<input checked="" type="checkbox"/>
D	MONGILLO, RITA	14857 SW 35TH CIR	OCALA FL	<input type="checkbox"/>
D	DECARLI, JOAN	14691 SW 39TH CT RD	OCALA FL 34473	<input checked="" type="checkbox"/>
D	MILLER, ELSIE	13560 SW 43RD CIRCLE	OCALA FL 34473	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Pres.	NISBET, PHYLLIS	3348 SW 137TH LOOP	OCALA FL 34473	<input checked="" type="checkbox"/>
V.P.	CATHERINE, LYNCH	425 MARION OAKS COURSE	OCALA, FL 34473	<input checked="" type="checkbox"/>
Director	King, Amy	303 MARION OAKS DR	OCALA FL 34473	<input checked="" type="checkbox"/>
Director	Mullen, CLAUDIA	2801 SW 167TH LANE	OCALA FL 34473	<input checked="" type="checkbox"/>

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:

Mary E Rose TREASURER

2/10/07

352-347-1126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #