

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752420

FILED
Mar 15, 2009
Secretary of State

Entity Name: MARION OAKS WOMEN'S CLUB INCORPORATED

Current Principal Place of Business:

294 MARION OAKS LANE
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

294 MARION OAKS LANE
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 59-2352859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, CATHERINE
425 MARION OAKS COURSE
OCALA, FL 34473 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CAPOZZIELLO, LAVERNE
Address: 14847 SW 43RD TERRACE RD
City-St-Zip: OCALA, FL 34473

Title: P () Delete
Name: LYNCH, CATHERINE
Address: 425 MARION OAKS COURSE
City-St-Zip: OCALA, FL 34473

Title: VP () Delete
Name: MITCHELL, ALICE
Address: 3818 SW 161ST LOOP
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: MONGILLO, RITA
Address: 14857 SW 35TH CIR
City-St-Zip: OCALA, FL

Title: D () Delete
Name: KING, AMY
Address: 303 MARION OAKS DR.
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: MULLEN, CLAUDIA
Address: 2801 SW 167TH LANE
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOYTE, CAROL
Address: 15784 SW 19TH TERRACE
City-St-Zip: OCALA, FL 34473

Title: D (X) Change () Addition
Name: LAMOTTE, CAROLE
Address: 16425 SW 47TH COURT
City-St-Zip: OCALA, FL 34473

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE LYNCH

PRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date