

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:02

DOCUMENT # 753885

(3)

1. Corporation Name

LADIES AUXILIARY TO THE MARION OAKS FIRE DEPARTM
ENT, INC.

Principal Place of Business

Mailing Address

% RUTHIE JACKSON
102 SW MARION OAKS LANE
OCALA FL 34473

% RUTHIE JACKSON
102 SW MARION OAKS LANE
OCALA FL 34473

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/26/1980 3a. Date of Last Report 04/14/1994

4. FEI Number 59-0217165 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

JACKSON, RUTHIE
14548 SW 34TH TERRACE RD.
OCALA FL 34473

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KING, AMY
STREET ADDRESS 303 SW MARION OAKS DR
CITY-ST-ZIP Ocala, FL 00000 FL

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PHILOMINA DiSisto
226 MARION OAKS LANE
OCALA FL 34473

TITLE D
NAME FAIRLEY, MARY
STREET ADDRESS 367 SW MARION OAKS LANE
CITY-ST-ZIP Ocala, FL 00000 FL

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

MARY JORDAN
14960 SW. 35th AVE. RD.
OCALA, FL 34473

TITLE D
NAME CARMISCANO, ALDA
STREET ADDRESS 4572 SW 158TH ST RD
CITY-ST-ZIP Ocala, FL 00000 FL

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

MARY ANNE LANPHER
14438 S.W. 43 CRT. RD.
OCALA FL 34473

TITLE P
NAME DECARLI, JOAN
STREET ADDRESS 14691 SW 39TH CT RD
CITY-ST-ZIP Ocala, FL 00000 FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE T
NAME JACKSON, RUTHIE
STREET ADDRESS 14548 SW 34TH TERRACE RD
CITY-ST-ZIP Ocala, FL 00000 FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ST
NAME JOHNSTON, GLORIA
STREET ADDRESS 14473 SW 41ST AVE RD
CITY-ST-ZIP Ocala FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 904-347-0647