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Apr 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753885 (3)

1. Corporation Name

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

Principal Place of Business

102 SW MARION OAKS LANE
OCALA FL 34473

Mailing Address

C O JOAN DECARLI
14691 SW 39TH CT. RD.
OCALA FL 34473-2489

3. Date Incorporated or Qualified

08/26/1980

3a. Date of Last Report

08/06/1996

4. FEI Number

59-0217165

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DECARLI, JOAN
14691 SW 39TH CT. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME DISISTO, PHILOMINA
STREET ADDRESS 226 MARION OAKS LANE
CITY-ST-ZIP Ocala, FL 00000 FLTITLE ☐ DELETE
NAME ROCHE, MARGUERITE
STREET ADDRESS 15220 SW 39TH CIR.
CITY-ST-ZIP Ocala FLTITLE ☐ DELETE
NAME SD LANPHER, MARY ANNE
STREET ADDRESS 14438 SW 43RD CT RD
CITY-ST-ZIP Ocala, FL 00000 FLTITLE ☐ DELETE
NAME P DECARLI, JOAN
STREET ADDRESS 14691 SW 39TH CT RD
CITY-ST-ZIP Ocala, FL 00000 FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☒ Addition
1.2 NAME ROSE MOORE
1.3 STREET ADDRESS 3821 SW 150 Loop
1.4 CITY-ST-ZIP Ocala FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, 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

Mary Anne Lanpher

Date Daytime Phone # 00000000

CR2E037 (9/96)