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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90052 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 753885					
1. Corporation Name LADIES AUXILIARY TO THE MARION OAKS FIRE DEPTM ENT, INC.					
Principal Place of Business 14691 SW 39TH CT RD OCALA FL 34473-2489			Mailing Address C O JOAN DECARLI 14691 SW 39TH CT. RD. OCALA FL 34473		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/26/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0217165	
24 Country		29 Country		30	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DECARLI, JOAN 14691 SW 39TH CT. RD. OCALA FL 34473				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, ROSE			1.2 NAME	MOORE ROSE		
STREET ADDRESS	3821 S.W. 150 LOOP			1.3 STREET ADDRESS	3821 SW 150 LOOP		
CITY-ST-ZIP	OCALA, FL 00000 FL			1.4 CITY-ST-ZIP	OCALA FL 34473		
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCHE, MARGUERITE			2.2 NAME			
STREET ADDRESS	15220 SW 39TH CIR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANPHER, MARY ANNE			3.2 NAME	MARYANNE LANPHER		
STREET ADDRESS	14438 SW 43RD CT RD			3.3 STREET ADDRESS	14438 SW 43 CT RD.		
CITY-ST-ZIP	OCALA, FL 00000 FL			3.4 CITY-ST-ZIP	OCALA, FL 34473		
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DECARLI, JOAN			4.2 NAME	DECARLI JOAN		
STREET ADDRESS	14691 SW 39TH CT RD			4.3 STREET ADDRESS	14691 SW 39th CT RD		
CITY-ST-ZIP	OCALA, FL 00000 FL			4.4 CITY-ST-ZIP	OCALA FL 34473		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSSI, MARIE T			5.2 NAME	ROSSI, MARIE T.		
STREET ADDRESS	13543 SW 40TH CIR			5.3 STREET ADDRESS	13534 SW 40TH CIR.		
CITY-ST-ZIP	OCALA FL 34473			5.4 CITY-ST-ZIP	OCALA FL 34473		
TITLE	ST	<input type="checkbox"/> DELETE		6.1 TITLE	ST	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSTON, GLORIA			6.2 NAME	Gloria Johnston		
STREET ADDRESS	14473 SW 41ST AVE			6.3 STREET ADDRESS	14473 SW 41st Ave. Rd		
CITY-ST-ZIP	OCALA FL 34473			6.4 CITY-ST-ZIP	OCALA, FL 34473		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)