

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 753885**

1. Entity Name

**LADIES AUXILIARY TO THE MARION OAKS FIRE  
DEPARTMENT, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

**59-0217165**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DECARLI, JOAN  
14691 SW 39TH CT. RD.  
OCALA FL 34473**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 6, 2006**

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 **VD** ☐ Delete  
NAME **MOORE, ROSE**  
STREET ADDRESS **3821 S.W. 150 LOOP**  
CITY - ST - ZIP **OCALA FL 34474**

TITLE **SD** ☐ Delete  
NAME **GROHOSKI, EVAMAE**  
STREET ADDRESS **517 MARION OAKS DR**  
CITY - ST - ZIP **OCALA FL 34473**

TITLE **P** ☐ Delete  
NAME **DECARLI, JOAN**  
STREET ADDRESS **14691 SW 39TH CT RD**  
CITY - ST - ZIP **OCALA FL 34474**

TITLE **T** ☐ Delete  
NAME **FOSTER, ANN**  
STREET ADDRESS **10892 SW 53 CIRCLE**  
CITY - ST - ZIP **OCALA FL 34476**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**000000573777**  
**08/07/06-80010-020 61.25**

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Joan Decarli*

8-3-06