

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

Joan Decarli

Signature typed 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 May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	MOORE, ROSE	
STREET ADDRESS	3821 S.W. 150 LOOP	
CITY-STATE-ZIP	OCALA FL 34474	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GROHOSKI, EVAMAE	
STREET ADDRESS	517 MARION OAKS DR	
CITY-STATE-ZIP	OCALA FL 34473	
TITLE	P	<input type="checkbox"/> Delete
NAME	DECARLI, JOAN	
STREET ADDRESS	14691 SW 39TH CT RD	
CITY-STATE-ZIP	OCALA FL 34474	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOSTER, ANN	
STREET ADDRESS	10892 SW 53 CIRCLE	
CITY-STATE-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000611613	
STREET ADDRESS	02/02/07-80070-013 61.25	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

1/24/07 352-347-1047