2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 753885

Entity Name: LADIES AUXILIARY TO THE MARION OAKS FIRE DEPARTMENT, INC.

Current Principal Place of Business:

14691 SW 39TH CT RD
OCALA, FL 344732489

New Principal Place of Business:

Current Mailing Address:

C\O JOAN DECARLI
14691 SW 39TH CT. RD.
OCALA, FL 34473

New Mailing Address:

FEI Number: 59-0217165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MOORE, ROSE
Address: 3821 S.W. 150 LOOP
City-St-Zip: OCALA, FL 34474

Title: SD ( ) Delete
Name: GROHOSKI, EVAMAE
Address: 517 MARION OAKS DR
City-St-Zip: OCALA, FL 34473

Title: P ( ) Delete
Name: DECARLI, JOAN
Address: 14691 SW 39TH CT RD
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete
Name: FOSTER, ANN
Address: 10892 SW 53 CIRCLE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: GREENE, CLAIRE
Address: 3976 SW 166TH PLACE RD
City-St-Zip: OCALA, FL 34473

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN T FOSTER T 04/20/2009

Electronic Signature of Signing Officer or Director — Date