

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 756129

FILED
Oct 13, 2009
Secretary of State

Entity Name: THE MARION OAKS CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

294 MARION OAKS LANE
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

294 MARION OAKS LANE
OCALA, FL 34473

New Mailing Address:

FEI Number: 59-1885504 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACOBS, WINSOME F
352 MARION OAKS DRIVE
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: WINSOME JACOBS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JACOBS, WINSOME F
Address: 294 MARION OAKS LANE
City-St-Zip: OCALA, FL 34473

Title: VP () Delete
Name: FURLOW, BILL
Address: 4475 SW 151 ST
City-St-Zip: OCALA, FL 34473

Title: S () Delete
Name: FAY, FOSTER
Address: 6861 SW 146TH LANE RD
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: CRENSHAW, REGINALD
Address: 14345 SW 39TH TERRACE
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: HAIL, BRYAN
Address: 14345 SW 39TH TERRACE
City-St-Zip: OCALA, FL 34473

Title: P () Delete
Name: SANTOS, MIGUEL A
Address: 15555 SW 49TH AVE RD
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: WINSOME JACOBS

T

10/13/2009

Electronic Signature of Signing Officer or Director

Date