

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767762

FILED
Apr 10, 2005
Secretary of State

Entity Name: MARION OAKS VOLUNTEER EYES, INCORPORATED

Current Principal Place of Business:

294 MARION OAKS LANE
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

294 MARION OAKS LANE
OCALA, FL 34473 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLES
4310 SW 148 PLACE
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: S () Delete
Name: LAWRENCE, JAN
Address: 14931 SW 35TH RD.
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: SONNY, STUCKEY
Address: 645 MARION OAKS BLVD
City-St-Zip: OCALA, FL 34473

Title: T () Delete
Name: WALT, BERNARDO
Address: 469 SW 133 LN
City-St-Zip: OCALA, FL 34473

Title: VPD () Delete
Name: FORD, BEVERLY
Address: 16850 SW 44TH CIRCLE
City-St-Zip: OCALA, FL 34473

Title: TSD () Delete
Name: BLANTON, HELEN
Address: 3400 SW 153RD PL RD
City-St-Zip: OCALA, FL 34473

Title: PD () Delete
Name: SMITH, CHARLES
Address: 4310 SW 148 PL
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: T (X) Change () Addition
Name: WALT, BERNARD
Address: 469 SW 133 LN
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 for the exemption stated in Section 119.07(3)(i), 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: BERNARD WALT

TREA

04/10/2005

Electronic Signature of Signing Officer or Director

Date