

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004974

FILED  
Sep 09, 2004  
Secretary of State

Entity Name: MARION OAKS EDUCATIONAL CORPORATION

**Current Principal Place of Business:**

15381 SW 34TH CT RD  
OCALA, FL 34473

**New Principal Place of Business:**

**Current Mailing Address:**

15381 SW 34TH CT RD  
OCALA, FL 34473

**New Mailing Address:**

FEI Number: 50-0004775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEDINA-BALDWIN, ALEXANDRA  
3645 SW 143 LN RD  
OCALA, FL 34473

**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: P ( ) Delete  
Name: FRANCIS-WINSTON, KAREN A  
Address: 15381 SW 34TH CT RD  
City-St-Zip: OCALA, FL 34473

Title: V ( ) Delete  
Name: LAMIA, ERICA  
Address: 3919 SW 147 ST  
City-St-Zip: OCALA, FL 34473

Title: T ( ) Delete  
Name: SOSA, HAYDEE  
Address: 4870 SW 147TH LOOP  
City-St-Zip: OCALA, FL 34473

Title: S ( ) Delete  
Name: MEDINA-BALDWIN, ALEXANDRA  
Address: 3645 SW 143 LN RD  
City-St-Zip: OCALA, FL 34473

Title: V ( ) Delete  
Name: SPENCE, JOHN  
Address: 2826 SW 140TH PLACE  
City-St-Zip: OCALA, FL 34473

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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  
Name:  
Address:  
City-St-Zip:

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

Title: V ( ) Change (X) Addition  
Name: CASK,  
Address: PO BOX 11088  
City-St-Zip: OCALA, FL 34473

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: KAREN A FRANCIS-WINSTON

MS

09/09/2004

Electronic Signature of Signing Officer or Director

Date