

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27274

FILED
Apr 09, 2007
Secretary of State

Entity Name: FRIENDS OF THE MARION OAKS PUBLIC LIBRARY, INC.

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: 59-2912735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. LAURENT, DORIS M
157 MARION OAKS DR.
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: V () Delete
Name: PANTALEO, ALICE
Address: 262 MARION OAKS COURSE
City-St-Zip: OCALA, FL 34473

Title: P () Delete
Name: MCCRAY, MARY
Address: 506 MARION OAKS DR.
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: ABRAMSKI, MARGE
Address: 4325 SW 139TH PLACE
City-St-Zip: OCALA, FL 34473

Title: T () Delete
Name: ST LAURENT, DORIS
Address: 151 MARION OAKS DR
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: RAMSEY, FARIDA
Address: 4501 SW 158TH ST. RD.
City-St-Zip: OCALA, FL 34473

Title: S () Delete
Name: DENGENRING, ELEANOR
Address: 14345 SW 39 TERRACE
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
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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 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: DORIS M. ST.LAURENT

T

04/09/2007

Electronic Signature of Signing Officer or Director

Date