FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE: MA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000002453 (6)

MARION OAKS AUXILIARY TO POST NO. 10091 LADIES A UXILIARY TO THE VETERANS OF FOREIGN WARS OF THE

Mailing Address Principal Place of Business 4490 SW 140TH ST RD 4490 SW 140TH ST RD OCALA FL 34473 OCALA FL 34473 2. Principal Place of Business 2a. Mailing Address 26

3. Date Incorporated or Qualified

NOT APPLICABLE

05/08/1996

5. Certificate of Status Desired

4. FEI Number

FILED

Jan 22 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

Not Applicable

| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 6. Election Campaign Financing \$5.00 May Be | |
|--|---|-------------------|---------------------|-----------|--------|--|---|
| 22 | | 27 | | | | | Trust Fund Contribution Added to Fees |
| City & State | 9 | City & | & State | | | | 7. Is this nonprofit corporation a homeowners association? |
| 23 | · · · · · · · · · · · · · · · · · · · | 28 | | | | | Yes No |
| Zip | Country | Zip | - | Cou | ntry | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 9. Name and Address of Curren | 29 | | 30 | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| | 9. Name and Address of Curren | t Hegistered | Agent | - | 81 | Name | 10. Name and Address of New Registered Agent |
| 1140011 114001000 | | | | | ا:" | Hame | |
| HAGEN, MARGARET 4490 SW 140TH ST RD | | | | [| 82 | Street A | Address (P.O. Box Number is Not Acceptable) |
| OCALA FL 34473 | | | | | 83 | | 11 00 10 10 10 10 10 10 10 10 10 10 10 1 |
| | | | | F | 84 | City | 85 Zip Code |
| | | | | | | | FL |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered | | | | | | | |
| agent. I am famillar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| | | | | | Agen | t signature r | required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP DELETE | | _ | 13. | | Change Addition | |
| NAME | HAGEN, MARGARET | | | 1.2 NA | | - 1 | |
| STREET ADDRESS | 4490 SW 140TH ST RD | | | | | UDDRESS | |
| CITY-ST-ZIP | OCALA FL 34473 | | | 1.4 CIT | | 1 | |
| TITLE | DV | | DELETE | 2.1 TM | | | ☐ Change ☐ Addition |
| NAME | Burke, ida | | | 2.2 NA | ME | | |
| STREET ADDRESS | 4391 SW 145TH PL RD | | | 2.3 STF | REET A | ODRESS | |
| CITY-ST-ZIP | OCALA FL 34473 | | | 2. 4 CD | TY-ST | r-ZIP | |
| TITLE | D\$ DELETE | | 3.1 TIT | 3.1 TITLE | | Change Addition | |
| NAME | VELEBIR, EMILY | | 3.2 NA | 3.2 NAME | | | |
| STREET ADDRESS | 13985 SW 42ND AVE | | | 3.3 STF | REET A | DDRESS | |
| CITY-ST-ZIP | OCALA FL 34473 | | | 3.4. CIT | TY-ST | - ZIP | |
| TITLE | ĎŤ | | DELETE | 4.1 7177 | LΕ | | Change Addition |
| NAME | HAZELTON, MARY | | | 4. 2 NA | ME | | |
| STREET ADDRESS | 14594 SW 35TH TERR RD | | | 4.3 STF | REET A | DORESS | |
| CITY-ST-ZIP | OCALA FL 34473 | | | 4.4 CIT | | -ZIP | |
| TITLE | | | ☐ DELETE | 5.1 TITI | ΙΕ | ļ | Change Addition |
| NAME | | | | 5.2 NAI | ME | | |
| STREET ADDRESS | | | | 5.3 STF | REET A | DDRESS | |
| CITY-ST-ZIP | | | Torre | 5.4 CIT | | -ZIP | Channe L Addition (|
| TITLE | | | ☐ DELETE | 6,1 TITL | | ł | Change |
| NAME | | | | 6.2 NA | | | |
| STREET ADDRESS | | | | | | DORESS | |
| CITY-ST-ZIP | ertify that the information supplied wi | th this filing de | one not qualify for | 6.4 CIT | | | d in Section 119 07/3Vi) Florida Statutes I further certify that the information |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | | | |