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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002453

1. Corporation Name

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

Principal Place of Business

4490 SW 140TH ST RD

OCALA FL 34473 US Mailing Address

4490 SW 140TH ST RD OCALA FL 34473

US

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90011 032 ****61.25

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Suite, Apt. 4 etc. 20 CALA, 7/ 77 CALALA, 7/ 77 CALALAA, 7/ 77 CALAL									
Suits, April 4 inc. Suits, April 4 inc. Copy & State Property Proper	2. Principal Pi	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed			
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Secretificate of Status Desired Fee Required Fee Required S. Country Zip Country Zip Country Zip Country S. Count	22 OCA	LA, 7/	27 OCALA	17/		NOT APPLICABLE			
Store Stor			<u> </u>	-2418	S	5. Certificate of Status Desired		•	
9. Name and Address of Current Registered Agent HAGEN, MARGARET DELETE JITTLE DV HAGEN, MARGARET JITTLE DV JITTLE JITTLE DV JITTLE JITTLE DV JITTLE		Country		Country		6. Election Campaign Financing		\$5.00	May Be
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	24	25	29	30		Trust Fund Contribution		Added to	Fees
HAGEN, MARGARET 4490 SW 140TH ST RD OCALA FL 34473 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 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, and agent, agent, and agent, agent, and agent, agent, and agent, a		9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Ac	ent	
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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 enfowered 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 352-347-1643 Daylime Phone #