


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002453					
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		



2. Principal Place of Business 21 14594 SW 35TH TERR RD Suite, Apt. #, etc. 22 OCALA, FL City & State 23 34473-2418 Zip Country		2a. Mailing Address 26 14594 SW 35TH TERR RD Suite, Apt. #, etc. 27 OCALA, FL City & State 28 34473-2418 Zip Country		3. Date Incorporated or Qualified 05/08/1996	
24		25		29	
24		25		29	

9. Name and Address of Current Registered Agent HAGEN, MARGARET 4490 SW 140TH ST RD OCALA FL 34473		10. Name and Address of New Registered Agent 81 Name MARY HAZELTON 82 Street Address (P.O. Box Number is Not Acceptable) 14594 SW 35TH TERR RD 83 OCALA 84 City OCALA FL 85 Zip Code 34473-2418	
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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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mary Hazelton* **MARY HAZELTON, Treasurer** DATE **1/4/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEN, MARGARET	1.2 NAME	
STREET ADDRESS	4490 SW 140TH ST RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, IDA	2.2 NAME	
STREET ADDRESS	4391 SW 145TH PL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEBIR, EMILY	3.2 NAME	
STREET ADDRESS	13985 SW 42ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZELTON, MARY	4.2 NAME	
STREET ADDRESS	14594 SW 35TH TERR RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Mary Hazelton* **MARY HAZELTON, Treasurer** DATE **1/4/99** DAYTIME PHONE # **352-347-1643**

Signature, typed or printed name of signing officer or director

CR2E037 (11/98)