FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764267** **(1)**

1. Corporation Name
WE WHO CARE OF MARION COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% RUTH JOHNSON 1507 NE 31ST ST OCALA FL 34479 US	% RUTH JOHNSON 1507 NE 31ST ST OCALA FL 34479 US

3. Date Incorporated or Qualified: **07/23/1982**
3a. Date of Last Report: **01/24/1994**
4. FEI Number: **59-2262041** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JOHNSON, RUTH
1507 NE 31ST ST
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	WHITAKER, SHIRLEY	1.2 NAME	Bertha Newman	
STREET ADDRESS	653 N.E. 31 STREET	1.3 STREET ADDRESS	3365 S.W. 145 Place Road	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34473	
TITLE	VD	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	KLEIN, ALINE	2.2 NAME	Charlotte Gingrich	
STREET ADDRESS	2975 S.E. 36 STREET	2.3 STREET ADDRESS	1441 N.E. 23 Street	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	TD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KLEIN, ROBERT	3.2 NAME	Frank Pischkelta	
STREET ADDRESS	2975 S.E. 36 STREET	3.3 STREET ADDRESS	3115 S.W. 89 Place	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, FL 34476	
TITLE	SD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, RUTH	4.2 NAME	Joe McKain	
STREET ADDRESS	1507 N.E. 31 STREET	4.3 STREET ADDRESS	4930 N.E. 5 Street Road	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FLEMING, WILLIAM	5.2 NAME	Gaye Cheshire	
STREET ADDRESS	2928 N.E. 14TH AVENUE	5.3 STREET ADDRESS	41 Juniper Trail Run	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, FL 34480	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, WILLIAM	6.2 NAME		
STREET ADDRESS	10850 SE 141 AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ruth Johnson RUTH JOHNSON 01/16/95 (904)629-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068510