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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

764267

(1)

WE WHO CARE OF MARION COUNTY, INC.

| Marie Dudones Marie Address Marie Addres | | | | | | | | | | | |
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| 1507 NE 21ST ST OCALA R 13479 US 27 Principal Place of Business 28 Mailing Address 29 Suite, April 4, etc. 29 Suite, April 4, etc. 21 Suite, April 4, etc. 29 Suite, April 4, etc. 20 Country 30 White April 4 etc. 20 Country 30 White April 4 etc. 31 Name 10 Name and Address of Current Registered Agent 35 Name 10 Name and Address of Name and Address of Current Registered Agent 36 Secret Address of Principal Principal Agent 37 Name 1507 NB 21ST ST 0CALA FL 34479 38 Secret Address of Secret 2 in 1990 Principal Princi | Principal Place of Business Mailing Address | | | | | | | FBB1 B18(1 B18)1 (| 'i Mat Apdal (|) | |
| US 2. Principal Place of Business 2. Askiring Address 2. Extra Control Counting 2. Sume April 4 etc. 3. Sum | 1507 NE 31ST ST | | 1507 NE 31ST ST | | | | | | | | |
| Sund, Aph. 1, etc. Sund, Aph. 1, etc. Sund, Ap | = : | | | | | 3. Date li 0 | ncorporated or Qualified 7/23/1982 | | | | |
| Fee Required Fee | | ce of Business | <u> </u> | | | | | | | | |
| 20 | | | | | | | cate of Status Desired | | • | | |
| 9. Name and Address of Current Registered Agent JOHNSON, RUTH 1507 NE 31ST ST OCALA FL 34479 11. Pursuant to the provisions of Sections 817,0502 and 617,1508. Florida Statutes. The above remained corporation submists this statement for the purpose of changing its registered affector or registered agent. The bottle-mark plant by the composition of decides the provisions of Sections 817,0502 and 617,1508. Florida Statutes. The above remained corporation submists this statement for the purpose of changing its registered office or registered agent. The bottle-mark plant by the composition is board of deciders. I hereby accept the epitopose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The purpose of changing its registered office or registered agent. The p | | | | | | II | | | | | |
| JOHNSON, RUTH 1507 NE 31ST ST OCALA FL 34479 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 against plants of 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 against plants of the purpose of changing its registered office or registered against plants of the purpose of changing its registered office or registered against plants of the purpose of changing its registered office or registered against 1 and 1 | | — · | <u> </u> | | | l l | | | | | |
| Source Address P.O. Box Number is Not Acceptable | | | | 11 | | | | | | | |
| 1507 NE 31ST ST OCALA FL 34479 63 64 City FL 85 Zip Code 64 City FL 85 Zip Code 65 Zip Code 11. Pursuant to the provisions of Sections 617,0002 and 617,1008, Floods Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for might with official statutes. 65 Zip Code 11. Pursuant to the provisions of Sections 617,0002 and 617,1008, Floods Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for might with official statutes. 65 Zip Code 12. ADDITIONS/CMANCES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CMANCES TO OFFICERS AND DIRECTORS IN 12 14. NEWMAN, BERTHA- 15. SECTIONS IN 15 PLACE ROAD 15. STREET ADDRESS IN 15 P | | | | 61 | Nam | Ө | | | | | |
| OCALA FL 34479 State Stat | | | | Bá | Stre | et Address (P.O. Box | Number is Not Acceptab | ole) | | | |
| 11. Pursuant to the positions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered again in both in the State Plant of against growing both in the State Plant of against growing both in the State Plant of against growing both in the State Plant of State Plant of against growing both in the State Plant of against growing both in the State Plant of State P | | | | 6: | | | | | | | |
| 11. Previount to the provisione of Sections 617,0502 and 617,1508. Broids Statute, the above-hamed corporation submits the statement for the purpose or sanging its registered office or registered appent. To build with additional provisions of the corporation's board of declors. Thereby accept the appointment as registered agent. I am for the purpose or sanging its registered office or registered of the corporation's board of declors. Thereby accept the appointment as registered agent. I am for the purpose or sanging its registered office or registered of the provision of the purpose or sanging its registered office or registered of the provision of the purpose or sanging its registered office or registered of the provision of the purpose or sanging its registered of the provision of the purpose or sanging its registered of the provision of the purpose or sanging its registered of the provision of the purpose or sanging its registered of the provision of the purpose of sanging its registered of the provision of the purpose of sanging its registered of the provision of the purpose of sanging its registered of the provision of the purpose of sanging its registered of the provision of the purpose of sanging its registered of the provision of the purpose of sanging its registered of the provision of the purpose of the purp | | | | 84 | City | | | FI | 85 Zip | Code | |
| or registered agont. I both write staty-off-florida Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with affi age of the cooking floring. Section 617 067 Florida Statutes. Signaturi | 11. Pursuant to | o the provisions of Sections 617,0502 | and 617.1508, Florida Sta | tutes, the above | named | corporation submits | this statement for the pu | rpose of chan | ging its re | egistered office | |
| SIGNATURY 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CARNESS TO OFFICERS AND DIRECTORS IN 12 12. NEW AMME 12. NAME 12. NAME | or registere familiar with | ed agont, or both, in the State of Floric h, and accept the obligations or, Secti | da. Such change was autho ion 617,0503, Florida Statu | orized by the cor tes. | poration | 's board of directors | . I hereby accept the app | ointment as re | gistered | agent. I am | |
| TILLE VD | _ | New Letherson | . Sechetali | / | | | Sand | raku ö | 16,1 | 996 | |
| THE NAME NEWMAN, BERTHA- SIREET ADDRESS OCALA FT: THE TO CALA FT: THE DESCRIPTION STATES OCALA FT: THE P/D DELETE STATES OCALA FT: THE P | | <u> </u> | // | | ent signatu | | IONE/CHANGES TO DES | DATE: | NDECTO | DC INL10 | |
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| NAME WCKAN, JOE - 42 NAME 1834 S.E. 36 Place Ocala, FL 34471 TILE D CHESHIRE, GAYE 51 TILE 1D Change MAddition NAME CHESHIRE, GAYE 52 NAME Barbette Knobloch 52 NAME 623 Water Road Ocala, FL 34472 TILE P/D DELETE 51 TILE 52 NAME BARBET ADDRESS 623 Water Road Ocala, FL 34472 TILE P/D DELETE 61 TILE V/D Change Addition 62 NAME 62 NAME STREET ADDRESS 62 NAME NAME STREET ADDRESS OCKLAWAHA FL 62 NAME 63 STREET ADDRESS OCALA, FL S4471 THE P/D DELETE 61 TILE V/D Change Addition NAME GONZALEZ, WILLIAM 63 STREET ADDRESS OCALA, FL 34471 THE P/D COKLAWAHA FL 64 DRESS OCKLAWAHA FL 64 DRESS OCALA, FL 34471 | | · · · · · · · · · · · · · · · · · · · | S anciere | | | Summer IT | iciu, PL 3 | | Change | 43 Addition | |
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| 14. Ligh brooks codify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutas further | STREET ADDRESS | | | - 1 | | | | | | | |
| 14. Too hereby certify that the information supplied with this hilling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07 sign, Florida Statutes. Florida Statutes, and that the information indicated on this annual report of supplied 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 deceiver 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 phanged, or on an attachment with an address. | | | with this films is not startly | | | | | 07/31/W Elect | da Statut | ac I further | |
| | certify that oath; that appears in | y certify that the information supplied the information indicated on this annul I am an officer or director of the corpor Block 12 or Block 13 if manged or of the corpor I block 12 or Block 13 if manged or of the corpor I block 12 or Block 13 if manged or of the corpor I block 13 if manged or of t | with this lilling is voluntarily to ual report or supplemental a pration or the deceiver or tru on an attachment with an a | annual report is t istee empowered iddress. | rbe and I to exe | accurate and that moute this report as re | ly signature shall have the quired by Chapter 617, F | e same legal e lorida Statutes | fect as if i; and the | made under at my name | |

SIGNATURE:/__

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anualy 26, 1996 (904) 639-1903

CR2E037 (12/95)