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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

WE WHO CARE OF MARION COUNTY, INC.

Principal Place of Business	Mailing Address
% RUTH JOHNSON 1507 NE 31ST ST OCALA FL 34479 US	% RUTH JOHNSON 1507 NE 31ST ST OCALA FL 34479-3353 US

3. Date Incorporated or Qualified: 07/23/1982
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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: Ruth Johnson, Secretary — January 15, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	P/D	Madelyn Sullivan ☑ Change ☐ Addition
NAME	JOHNSON, RUTH		1.2 NAME		
STREET ADDRESS	1507 NE 31 ST.		1.3 STREET ADDRESS		3503 N.E. Ft King #125-H
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		Ocala, FL 34471
TITLE	TD	☐ DELETE	2.1 TITLE		VP/D ☑ Change ☐ Addition
NAME	WHITAKER, SHIRLEY		2.2 NAME		Lynda Gardner
STREET ADDRESS	653 NE 31 ST.		2.3 STREET ADDRESS		11290 S.E. 189 Court
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		Ocklawaha, FL 32179
TITLE	D	☑ DELETE	3.1 TITLE		D ☑ Change ☐ Addition
NAME	~~BISOP, KENNETH~~		3.2 NAME		Helen Mullen
STREET ADDRESS	~~10784 SE 179 LANE~~		3.3 STREET ADDRESS		10320 S.E. 25 Avenue
CITY-ST-ZIP	~~SUMMERFIELD FL~~		3.4 CITY-ST-ZIP		Ocala, FL 34480
TITLE	D	☐ DELETE	4.1 TITLE		D ☑ Change ☐ Addition
NAME	PALMER, WAYNE		4.2 NAME		Maria Roy
STREET ADDRESS	1834 SE 36 PL.		4.3 STREET ADDRESS		5600 N.W. 71 Street
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		Ocala, FL 34482
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~KNOBLOCH, BARBETTE~~		5.2 NAME		
STREET ADDRESS	~~623 WATER RD.~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~OCALA FL~~		5.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	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		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Ruth Johnson COUNTED — January 15, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066045