FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998				iary of State CORPORATI			Secretary of State				
DOCU 1. Corporation	MENT #	764267	(1)			_		-	_~~		
WE WHO CARE OF MARION COUNTY, INC.											
Principal Plac	ce of Business	Ma	iling Address				- 				
% RUTH JOHN 1507 NE 31ST			RUTH JOHNSON 7 NE 31ST ST				3. Date Incorporated or Qualified	1			
OCALA FL 344			OCALA FL 34479				07/23/1982	, <u>.</u>			
US		US					4. FEI Number			oplied For	
2 Principal 6	Place of Business	- 29	Mailing Address				59-2262041			ot Applicable	
21	riace of business	26	Mailing Address				5. Certificate of Status Desired		\$8.75 . Fee Re	Additional equired	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			•	6. Election Campaign Financing		\$5.00		
22		27	5/4 2 5				Trust Fund Contribution		Added to		
City & Stat	e	28	City & State				7. Is this nonprofit corporation a		s associatio ☑ No	n? 	
Zip	Cor	untry	Zip	Country	/		8. This corporation owes or has p				
24	25	29		30			Personal Property Tax due Jur			No	
	9. Name and Ad	dress of Current Registe	ered Agent	81	Nar		10. Name and Address of New F	legistered /	Agent		
				61	IVan	ii a					
JOHNSON, RUTH					Stre	et Addre	ss (P.O. Box Number is Not Accepta	able)	,,,,,		
1507 NE 31ST ST										 -	
OCALA FL 34479				83						. 1	
				84	,		· · · · · · · · · · · · · · · · · · ·	FL		Code	
11. Pursuant office or	to the provisions of s registered agent, or t	Sections 617.0502 and 61 noth, in the State of Florida	7.1508, Florida Statu a. Such change was	ites, the above	e-nam	ed corpo corporatio	ration submits this statement for the n's board of directors. I hereby according to the contract of the contra	purpose of ept the app	changing it ointment as	s registered registered	
	un lanimai wiut, and i	accept the ophgations of,	3ection 617.0505, F	TOTICA Statute:	> .		-				
SIGNATURE	Signature, typed or printed	name of registered agent and title if	applicable, (NC	TE: Registered Ag	ent signa	iture required	d when reinstating)	DATE		·	
12.		OFFICERS AND DIRECT	TORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN_12	
TITLE	SD		☐ DELETE	1.1 TITLE		PD			∠ Change	Addition	
NAME	JOHNSON, RU	TH		1,2 NAME		Le	o Wiechens				
STREET ADDRESS	T ADDRESS 1507 NE 31 ST.			1.3 STREET	1.3 STREET ADDRESS 52		5 S.E. 18 Street ala, FL 34471	•			
CITY - ST - ZIP	OCALA FL			1.4 CITY-S	T-ZIP	UC	ala, FL 34471				
TITLE	TD		☐ DELETE	2.1 TITLE		D _b			∑ Change	☐ Addition	
NAME	WHITAKER, SH	IRLEY		2.2 NAME		011	ristiana Perkins			ļ	
STREET ADDRESS	653 NE 31 ST.			2.3 STREET	ADDRES	S Oc	Almond Pass Driv	e			
CITY-ST-ZIP	OCALA FL		57.00	2. 4 CITY-	ST-ZIP				F 1 at 1	, , , , , , , , , , , , , , , , , , ,	
TITLE	D	**	DELETE	3.1 TITLE		D _b	ristopher Sandon		Change	Addition	
NAME	MULLEN, HELE			3.2 NAME		260	13 S F 17 Stroom	- MIEC	nens	ĺ	
STREET ADDRESS	10320 SE 25 A	VE		3,3 STREET		* oc	03 S.E. 17 Stree 21a, FL 34471	L		ļ	
CITY-ST-ZIP	OCALA FL		DELETE	3.4. CITY - 5 4.1 TITLE	st-ZIP				Change	Addition	
TITLE	DALLED WAV	NE	FT DEFEIC						FT CHRONIAL	T Vanimon 1	
NAME OTREET ADDRESS	PALMER, WAY			4. 2 NAME	40000	.					
STREET ADDRESS	1834 SE 36 PL	•		4.3 STREET		·>					
CITY-ST-ZIP	OCALA FL PD		₩ DELETE	4.4 CITY-S 5.1 TITLE	1 - ZIP	+-			Change	☐ Addition	
NAME	SULLIVAN, MAI	NEI VAI	المساب يجعر	5.2 NAME]			0,141190		
STREET ADDRESS	3503 NE FT KII			5.3 STREET	ADDRES	s					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify or 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OCALA FL

GARDNER, LYNDA

11290 SE 189 CT

VPD

January 14,1998 (352)629-1903

Change

___ Addition

FILED

Jan 20 1998 8:00am