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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764267**

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 US

2. Principal Place of Business
21 Suite, Apt. #, etc.: 7677 SE 41st Ct
22 City & State: Ocala
23 Zip: FL
24 Country: 34480
25 Country: Marion

2a. Mailing Address
26 Suite, Apt. #, etc.: 525 SE 18th St
27 City & State: Ocala
28 Zip: FL
29 Country: 34471
30 Country: Marion

3. Date Incorporated or Qualifed: 07/23/1982

4. FEI Number: 59-2262041 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Wiechens, Leo A.
82 Street Address (P.O. Box Number is Not Acceptable): 525 SE 18th St
83 Ocala
84 City: **FL** 85 Zip Code: 34471

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: Leo A. Wiechens Leo A. Wiechens 1-25-99
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	SD	☐ Change ☒ Addition
NAME	JOHNSON, RUTH		1.2 NAME	Walker, Mabel	
STREET ADDRESS	1507 NE 31 ST.		1.3 STREET ADDRESS	533 Emerald Road	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala, FL 34472	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	WHITAKER, SHIRLEY		2.2 NAME	Evans, Kelly	
STREET ADDRESS	653 NE 31 ST.		2.3 STREET ADDRESS	2036 SE 8th St	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, CHRISTIANA		3.2 NAME		
STREET ADDRESS	9 ALMOND PASS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, WAYNE		4. 2 NAME		
STREET ADDRESS	1834 SE 36 PL.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WIECHENS, LEO		5.2 NAME		
STREET ADDRESS	525 SE 18TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WIECHENS, CHRISTOPHER SA		6.2 NAME		
STREET ADDRESS	2603 SE 17TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Leo A. Wiechens **SIGNATURE REQUIRED** Leo A. Wiechens 1-25-99 352-622-3214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #