

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0078144

03-14-2001 90494 019 ****61.25

DOCUMENT # 764267

1. Entity Name

WE WHO CARE OF MARION COUNTY, INC.

Principal Place of Business

Mailing Address

1441 NE 23 COURT
 OCALA, FL 34470
 US

PO BOX 9033
 OCALA FL 34479
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2262041

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, RUTH
1507 NE 31 ST
OCALA FL 34479

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GINGRICH, CHARLOTTE	
STREET ADDRESS	1441 NE 23 ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, RUTH	
STREET ADDRESS	1507 NE 31 ST	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LYONS, FRANK	
STREET ADDRESS	5981 SW 128 PL	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITAKER, SHIRLEY	
STREET ADDRESS	653 NE 31 ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLEN, HELEN	
STREET ADDRESS	10320 SE 25 AVE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHKELTA, FRANK	
STREET ADDRESS	3115 SW 89 PL	
CITY-ST-ZIP	OCALA FL 34476	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12 Mar 01 Daytime Phone #: 352 629 5510

CR2E037 (10/00)