2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #764267 WE WHO CARE OF MARION COUNTY, INC. Principal Place of Business Mailing Address 2929 NE 14 AVE PO BOX 9033 OCALA, FL 34479 US OCALA, FL 34479 US DO NOT WRITE IN THIS SPACE

FILED Feb 06, 2007 08:00 AM Secretary of State



01142007 No Chg-NP CR2E037 (4/06)

| 4. FEI Number | | Applied For |
|----------------------------------|-------------------|----------------|
| 59-2262041 | | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Fee Rec | Additional |

6. Name and Address of Current Registered Agent

JOHNSON, RUTH 2929 NE 14 AVE OCALA, FL 34479

DO NOT WRITE IN THIS SPACE

| 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. I am familiar with, and accept the obligations of registered agent | | | | | | | |
|--|--|--|-------|--------------------------------|--------------------------|--|--|
| SIGNATURE | | | | | | | |
| - | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Financ Trust Fund Contribution. | ing 🔲 | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | <u> </u> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAWRENCE, KATRENE 3292 NE 9TH AVE OCALA, FL 34479 | | | | U00000624539 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LYONS, FRANK 5981 SW 128 PL OCALA, FL 34473 | | | | 02/14/07-80038-015 61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, RUTH 2929 NE 14 AVE OCALA, FL 34479 | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WHITAKER, SHIRLEY 653 NE 31 ST OCALA, FL 34479 | | | IN ' | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SA PRICE, NORMAN 820 NE 44 AVE OCALA, FL 34470 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FISCHKELTA, NANCY '3341 SW 165 AVE. RD. OCALA, FL 34481 | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.