

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N04661 (7)

1. Corporation Name
ADVISORY COUNCIL OF THE RETIRED SENIOR VOLUNTEER PROGRAM OF MARION COUNTY, INC.



Principal Place of Business 520 SE FT KING ST. C-1 OCALA FL 34471 US	Mailing Address 520 SE FT KING ST. C-1 OCALA FL 34471 US
--	--

3. Date Incorporated or Qualified 09/13/1984	
4. FEI Number 59-2045089	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Sulte, Apt. #, etc. 22	Sulte, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**STEDDOM, MARY B.
1701 S.E. FT. KING ST.
BUILDING B, SUITE 4
OCALA FL 32871**

10. Name and Address of New Registered Agent

81 Name Cindy Marshall	
82 Street Address (P.O. Box Number is Not Acceptable) 520 SE Ft. King St.	
83 Suite C	
84 City Ocala	85 Zip Code FL 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 Cindy Marshall (NOTE: Registered Agent signature required when reinstating) DATE 05/11/98

12. OFFICERS AND DIRECTORS

TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME LASKY, JOSEPH D	
STREET ADDRESS 1404 NE 42 AVE	
CITY-ST-ZIP OCALA FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME LOCKSHIN, LORI	
STREET ADDRESS 19 NW PINE AVENUE	
CITY-ST-ZIP OCALA FL	
TITLE TDS	<input type="checkbox"/> DELETE
NAME MILLER, MARTHA	
STREET ADDRESS 511 SE 3RD STREET	
CITY-ST-ZIP OCALA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Rebecca Scott	
1.3 STREET ADDRESS 1644 NE 22nd Ave.	
1.4 CITY-ST-ZIP Ocala, FL 34470	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Cindy Marshall	
4.3 STREET ADDRESS 520 SE Ft. King St., Suite C	
4.4 CITY-ST-ZIP Ocala, FL 34471	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE Cindy Marshall

CR2E037 (10/97)