

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000928

FILED
Apr 23, 2012
Secretary of State

Entity Name: THE MARION COUNTY CONTINUITY OF CARE COUNCIL, INC.

Current Principal Place of Business:

1411 NE 22 AVE
OCALA, FL 34470 US

New Principal Place of Business:

3050 NE 63 STREET
OCALA, FL 34479 US

Current Mailing Address:

1411 NE 22 AVE
OCALA, FL 34470 US

New Mailing Address:

3050 NE 63 STREET
OCALA, FL 34479 US

FEI Number: 65-1263634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELSON, JIM
1411 NE 22 AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

CAMP, MARK L
3050 NE 63 STREET
OCALA, FL 34479 US

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: MARK L CAMP

04/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAVIS, TOM
Address: 1607 EAST SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470 US

Title: S
Name: MARKS, TRICIA
Address: 9070 SW 80TH AVE
City-St-Zip: OCALA, FL 34481

Title: T
Name: CAMP, MARK L
Address: 3050 NE 63 STREET
City-St-Zip: OCALA, FL 34479

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK L CAMP

T

04/23/2012

Electronic Signature of Signing Officer or Director

Date