

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002135 (0)**

1. Corporation Name
MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.



Principal Place of Business: **POST OFFICE BOX 1330 Ocala FL 34478**
Mailing Address: **POST OFFICE BOX 1330 Ocala FL 34478**

3. Date Incorporated or Qualified: **04/28/1995**
3a. Date of Last Report
4. FEI Number: **59-3343726**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Mailing Address: **Post Office Box 3203**
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**RASCO, RUSSELL
717 SW MARTIN LUTHER KING JR. AVENUE
OCALA FL 34474**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: *Russell Rasco* DATE: **2/12/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, MANDY	1.2 NAME	
STREET ADDRESS	2920 WEST SILVER SPRINGS BLVD.	1.3 STREET ADDRESS	2800 SE Maricamp Rd D
CITY-ST-ZIP	OCALA FL 34475	1.4 CITY-ST-ZIP	Ocala FL 34471
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEMMER, CHARLENE	2.2 NAME	
STREET ADDRESS	520 SE FORT KING STE. A-1	2.3 STREET ADDRESS	D
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, BERRISFORD	3.2 NAME	
STREET ADDRESS	7514 EAST BROYHILL PLACE	3.3 STREET ADDRESS	D
CITY-ST-ZIP	INVERNESS FL 34450	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ARTHUR	4.2 NAME	
STREET ADDRESS	1620 SO. LADERA TERRACE	4.3 STREET ADDRESS	D
CITY-ST-ZIP	INVERNESS FL 34452	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	300001761773
STREET ADDRESS		5.3 STREET ADDRESS	-03/28/96--01110--003
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***70.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charlene Schlemmer* DATE: **2/12/96** DAYTIME PHONE: **352-732-4949**
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)