

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002135 (0)
1. Corporation Name
MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.



Principal Place of Business POST OFFICE BOX 3203 OCALA FL 34478	Mailing Address POST OFFICE BOX 3203 OCALA FL 34478-3203
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last Report 03/28/1996
21	26	4. FEI Number 59-3343726	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

RASCO, RUSSELL 717 SW MARTIN LUTHER KING JR. AVENUE OCALA FL 34474		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	FL	85. Zip Code

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: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, MANDY	1.2 NAME	Henry Ehlers
STREET ADDRESS	2800 SE MARICAMP ROAD	1.3 STREET ADDRESS	2403 SE 17th St
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	Ocala FL 34471
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLEMMER, CHARLENE	2.2 NAME	Thomas Slaymaker
STREET ADDRESS	520 SE FORT KING STE. A-1	2.3 STREET ADDRESS	2250 IW Hwy 44
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	Inverness FL 34450
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, BERRISFORD	3.2 NAME	Mark DeBolt
STREET ADDRESS	7514 EAST BROYHILL PLACE	3.3 STREET ADDRESS	1314 SE 14th Ave
CITY-ST-ZIP	INVERNESS FL 34450	3.4 CITY-ST-ZIP	Ocala FL 34471
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ARTHUR	4.2 NAME	
STREET ADDRESS	1620 SO. LADERA TERRACE	4.3 STREET ADDRESS	
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: *Russell Rasco* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)