

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 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
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DOCUMENT # N95000002135 (0)
 1. Corporation Name
MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.



Principal Place of Business POST OFFICE BOX 0800 34477-0945 Ocala FL 34477-0945	Mailing Address POST OFFICE BOX 0800 34477-0945 Ocala FL 34477-0945
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3. Date Incorporated or Qualified
04/28/1995

4. FEI Number
59-3343726

Applied For Not Applicable

2. Principal Place of Business 21 PO Box 770945 Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 770945 Suite, Apt. #, etc.
22 City & State 23 Ocala FL	27 City & State 28 Ocala FL
24 Zip 34477-0945	25 Country 29 34477-0945
30 Marion	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHLERS, HENRY 2403 S.E. 17TH ST. OCALA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLAYMAKER, THOMAS 2250 NW HWY 44 INVERNESS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBOLT, MARK 1314 S.E. 14TH AVE. OCALA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(l), 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: Nancy A. [Signature] **2-6-98**

CR2E037 (10/97)