

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90119 028 ****70.00

DOCUMENT # N95000002135

1. Entity Name

MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

P O BOX 770945
 Ocala FL 34477-0945
 US

P O BOX 770945
 Ocala FL 34477-0945
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3343726

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RASCO, RUSSELL
1761 S.E. 38 COURT
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Russell Rasco Russell Rasco, Ex Dir. *1/19/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: EHLERS, HENRY Delete
 STREET ADDRESS: 2403 S.E. 17TH ST.
 CITY-ST-ZIP: Ocala FL

TITLE: Trea
 NAME: Schlemmer, Charlene Change Addition
 STREET ADDRESS: 1111 NE 25 Ave
 CITY-ST-ZIP: Ocala FL 34470

TITLE: D
 NAME: SLAYMAKER, THOMAS Delete
 STREET ADDRESS: 2250 IW HWY 44
 CITY-ST-ZIP: INVERNESS FL

TITLE: Director
 NAME: Stephen Spivey Change Addition
 STREET ADDRESS: 230 NE 25 Ave
 CITY-ST-ZIP: Ocala FL 34470

TITLE: SD
 NAME: DEBOLT, MARK Delete
 STREET ADDRESS: 1314 S.E. 14TH AVE.
 CITY-ST-ZIP: Ocala FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen Spivey*

1/19/00

352-873-6581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)