

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 727370

1. Entity Name
MARION COUNTY SENIOR SERVICES, INC.



Principal Place of Business
**1101 SOUTHWEST 20 COURT
OCALA, FL 34474 US**

Mailing Address
**1101 SOUTHWEST 20 COURT
OCALA, FL 34474 US**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7362750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATTS, BERNARD
1114 SE 10 ST.
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WATTS, BERNARD
STREET ADDRESS	1114 SE. 10 ST.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VC
NAME	HOWELL, BILLY
STREET ADDRESS	2056 SE TWIN BRIDGE CT.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	ED
NAME	CROSS, GAIL
STREET ADDRESS	6696 S W 17TH TERRACE RD
CITY-ST-ZIP	OCALA, FL 34476
TITLE	STD
NAME	CLARK, PAUL
STREET ADDRESS	131 SW 15 ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	ED
NAME	CROSS, GAIL
STREET ADDRESS	6696 S.W. 17 TERRANCE RD.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	ST
NAME	CLARK, PAUL
STREET ADDRESS	131 SW 15 ST
CITY-ST-ZIP	OCALA, FL 34474

U00000386402
01/18/06-80058-009 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Gail Cross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

352-620-3501

Date

Daytime Phone #