

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000928

**Entity Name:** THE MARION COUNTY CONTINUITY OF CARE COUNCIL, INC.

**Current Principal Place of Business:**

2609 SW 33RD STREET  
#102  
OCALA, FL 34471

**Current Mailing Address:**

P.O. BOX 773344  
OCALA, FL 34477 US

**FEI Number:** 65-1263634

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GISBURNE, DEREK  
2609 SW 33RD STREET  
#102  
OCALA, FL 34471 US

*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:** DEREK GISBURNE

01/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GISBURNE, DEREK  
Address        P.O. BOX 773344  
City-State-Zip: Ocala FL 34477

Title            TREASURER  
Name            DAVIES, BETH  
Address        P.O. BOX 773344  
City-State-Zip: Ocala FL 34477

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEREK GISBURNE

PRESIDENT

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date