FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # 706569 (1)

1. Corporation Name

ASSOCIATION FOR RETARDED CITIZENS MARION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2800 S.E. MARICAMP ROAD OCALA FL 34471-5551	2800 S.E. MARICAMP ROAD OCALA FL 34471-5551

3. Date Incorporated or Qualified: 12/18/1963
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2217524 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAKER, ROGER, D, DR.
2800 SE MARICAMP RD
OCALA FL 32671-2551

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, KATRENE MRS.	12 NAME	SEE ATTACHED LISTING
STREET ADDRESS	1215 S.E. 22ND AVE.	13 STREET ADDRESS	OF OFFICERS AND DIRECTORS
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	POXON, TY MR.	22 NAME	
STREET ADDRESS	707 S.E. 32 ND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SPEIGHT, HENRY F.	32 NAME	
STREET ADDRESS	1551 S.E. 8TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, JAMES	42 NAME	
STREET ADDRESS	2921 S.W. 8TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TURNER, DONALD E.	52 NAME	
STREET ADDRESS	P.O. BOX 310	53 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WISCO, RALPH	62 NAME	
STREET ADDRESS	2501 S.E. 40TH ST.	63 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Irene S. Turner 4/20/95 904/620-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Irene S. Turner, President

0018703

ASSOCIATION FOR RETARDED CITIZENS MARION, INC.
OFFICERS AND BOARD OF DIRECTORS - 1995

Ms. Irene S. Turner, President	Work	629-8061
1025 E. Silver Springs Boulevard	Home	694-6771
Ocala, Florida 34471	FAX	629-8063
Mr. Michael W. Radcliffe, 1st V. P.	Work	629-5500
3036 N. E. 14th Street	Home	
Ocala, Florida 34470	FAX	629-1010
Mr. Francis Moore, 2nd V. P.	Home	351-3179
10775 N. W. 19th Court		
Ocala, Florida 34475-1323		
Mr. Ralph Wisco, Sec./Treas.	Work	854-3636
2501 S. E. 40th Street	Home	351-4487
Ocala, Florida 34471	FAX	237-1151
Mrs. Sue Amsden	Work	351-2396
816 S. E. 2nd Street	Home	368-6976
Ocala, Florida 34471	FAX	351-4135
Mr. Jeffrey Arnold	Work	898-0179
4091 S. E. 26th Court Road	Home	629-7331
Ocala, Florida 34471	FAX	629-8815
Mrs. Carol Bailey	Work	624-2000
4224 S. E. 12th Place	Home	694-3096
Ocala, Florida 34471	FAX	624-2920
Mrs. Judy Chambers	Home	288-6172
14350 S. E. 108th Terrace		
Summerfield, Florida 34491		
Mr. D. Patrick Dalton	Work	629-0105
5285 N. W. 110th Avenue	Home	629-4594
Ocala, Florida 34482	FAX	629-8875
Mrs. Beth Dominguez	Work	622-2271
125 N. E. 1st Avenue, Suite #3		
Ocala, Florida 34470		
Mr. Robert C. Greene	Work	237-2154
2837 S. E. 37th Street	Home	629-6237
Ocala, Florida 34471	FAX	237-3566
Mr. William H. Jackson	Home	622-3533
P. O. Box 1012 (N/A)		
Ocala, Florida 34478-1012		

Mrs. Helen T. Kline 3151 N. W. 44th Ave., #224 Ocala, Florida 34472	Home	629-4052
Mrs. Katrene Lawrence 1215 S. E. 22nd Avenue Ocala, Florida 34471	Work Home FAX	694-3430 732-0626 732-2384
Mr. Ty Poxon 707 S. E. 32nd Avenue Ocala, Florida 34471	Home	694-3604
Mrs. Captoria Rawls P. O. Box 1388 (N/A) Ocala, Florida 34478-1388	Work Home FAX	854-2322 288-6721 237-3747
Dr. Henry F. Speight 1551 S. E. 8th Street Ocala, Florida 34471	Home	629-5695
Mr. Donald E. Turner P. O. Box 310 (N/A) Ocala, Florida 34478-0310	Work Home FAX	368-6252 620-2942 622-9523
Mr. Joseph W. Waliga 1970 S. E. 32nd Lane Ocala, Florida 34471	Home	629-5932
Mrs. Debbie Zanetti P. O. Box 3070 (N/A) Ocala, Florida 34478-3070	Work Extension Home FAX	237-7778 31037 694-6127 237-8454

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