

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706569 (1)
1. Corporation Name
ASSOCIATION FOR RETARDED CITIZENS MARION, INC.



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

3. Date Incorporated or Qualified: 12/18/1963
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2217524	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAKER, ROGER, D, DR. 2800 SE MARICAMP RD OCALA FL 32671-2551		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SEE ATTACHED LISTING <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, KATRENE	1.2 NAME	OF OFFICERS & DIRECTORS.
STREET ADDRESS	1215 S.E. 22ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POXON, TY	2.2 NAME	
STREET ADDRESS	707 S.E. 32 ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEIGHT, HENRY F.	3.2 NAME	
STREET ADDRESS	1551 S.E. 8TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNER, IRENE S.	4.2 NAME	
STREET ADDRESS	1025 E SILVER SPRINGS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, DONALD E.	5.2 NAME	
STREET ADDRESS	P.O. BOX 310 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	SC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISCO, RALPH	6.2 NAME	
STREET ADDRESS	2501 S.E. 40TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 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)(k), 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 or an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 1/29/96 352/620-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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

Mr. Francis Moore, President 10775 N. W. 19th Court Ocala, Florida 34475-1323	Home	351-3179
Mrs. Sue Amsden, 1st V. P. 816 S. E. 2nd Street Ocala, Florida 34471	Work Home FAX	351-2396 368-6976 351-4135
Mr. Jeffrey Arnold, 2nd V. P. 4091 S. E. 26th Court Road Ocala, Florida 34471	Work Home FAX	898-0179 629-7331 629-8815
Mr. Ralph Wisco, Sec./Treas. 2501 S. E. 40th Street Ocala, Florida 34471	Home	351-4487
Mrs. Carol Bailey 4224 S. E. 12th Place Ocala, Florida 34471	Work Home FAX	624-2000 694-3096 624-2920
Mrs. Judy Chambers 14350 S. E. 108th Terrace Summerfield, Florida 34491	Home	288-6172
Mr. D. Patrick Dalton 5285 N. W. 110th Avenue Ocala, Florida 34482	Work Home FAX	629-0105 629-4594 629-8875
Mrs. Beth Dominguez P. O. Box 2227 Bellevue, Florida 34421-2227	Work	307-0015
Mr. Robert C. Greene 2837 S. E. 37th Street Ocala, Florida 34471	Work Home FAX	237-3834 629-6237 237-3566
Mr. William H. Jackson P. O. Box 1012 Ocala, Florida 34478-1012	Home	622-3533
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

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ARC Marion Officers and Board of Directors
1995

Mr. Ty Poxon Home 694-3604
707 S. E. 32nd Avenue
Ocala, Florida 34471

Mr. Michael W. Radcliffe Work 629-5500
3036 N. E. 14th Street Home
Ocala, Florida 34470 FAX 629-1010

Mrs. Captoria Rawls Work 854-2322
P. O. Box 1388 Home 288-6721
Ocala, Florida 34478-1388 FAX 237-3747

Dr. Henry F. Speight Home 620-9875
1551 S. E. 8th Street
Ocala, Florida 34471

Mr. Joseph W. Waliga Home 629-5932
1970 S. E. 32nd Lane
Ocala, Florida 34471

Mrs. Debbie Zanetti Work 237-7778
P. O. Box 3070 Extension 31037
Ocala, Florida 34478-3070 Home 694-6127
FAX 237-8454