

FILED
May 24, 2000 8:00 am
Secretary of State

04-21-2000 90105 014 ****61.25

DOCUMENT # 706569
1. Entity Name
 Association for Retarded Citizens Marion, Inc.

Principal Place of Business **Mailing Address**
 2800 SE Maricamp Rd 2800 SE Maricamp Rd
 Ocala, Fl 34471-5551 Ocala, Fl 34471-5551

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number
59-2217524

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 McDonald, Kenneth P.
 2800 SE Maricamp Rd
 Ocala, Fl 34471

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 *Kenneth P. McDonald* **Kenneth P. McDonald, Exec. Dir.**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP Michell, Pamela W. 2324 SE 14th Street Ocala, Fl 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Price, Norman 810 NE 44th Avenue Ocala, Fl 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Jones, C. R. 16400 SE 3rd Street Ocala, Fl 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Bailey, Carol 4224 SE 12th Place Ocala, Fl 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ellspermann, Carl 1111 NE 25th Ave, Suite 202 Ocala, Fl 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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: *Pamela W. Michell* **Pamela W. Michell, President** **4/17/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

#706569

ASSOCIATION FOR RETARDED CITIZENS MARION, INC. OFFICERS AND BOARD OF DIRECTORS. 2000

D Mrs. Pamela W. Michell, President -Director Home 368-1060
2324 SE 14th Street Fax 368-5622
Ocala, FL 34471

D Mr. Norman Price, 1st V. P. -Director Work 800-321-6280
810 NE 44th Avenue Extn. 2270
Ocala, FL 34470 Home 236-3473

D Mr. C. R. Jones, 2nd V. P.-Director Home 625-2913
16400 SE 3rd Street
Silver Springs, FL 34488

D Mrs. Carol Bailey, Secretary-Director Work 624-2000
4224 SE 12th Place Home 694-3096
Ocala, FL 34471 Fax 624-2920

D Mr. Carl Ellspermann, Treasurer-Director Work 732-3828
Ellspermann & Wood, CPA'S Home 873-2624
1111 NE 25th Avenue, Suite 202 Fax 732-6337
Ocala, FL 34470

D Mrs. Sue Amsden , D Home 368-6976
816 SE 2nd Street Fax 368-5906
Ocala, FL 34471

D Mrs. Judy Chambers, D Home 288-6172
14350 SE 108th Terrace
Summerfield, FL 34491

D Mr. Kevin Christian , D Work 368-2020
Marion County Bureau Chief Fax 368-1964
TV 20-WCJB Pager 690-8554
44 SE 1st avenue, Suite 309
Ocala, FL 34471

D Mrs. Sharon Falconer, D Home 237-1570
7391 SW 15th Place
Ocala, FL 34474

D Mrs. Annie Gonzales , D Home 288-0266
10850 SE 141st Ave Road Work 694-1899
Ocklawaha, FL 32179

404649

All Directors

[REDACTED]

[REDACTED]

[REDACTED]