2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State **DOCUMENT # 706569** Entity Name ASSOCIATION FOR RETARDED CITIZENS MARION, INC. 02-25-2002 90076 013 ****61.25 Mailing Address Principal Place of Business 2800 S.E. MARICAMP ROAD 2800 S.E. MARICAMP ROAD OCALA FL 34471-5551 OCALA FL 34471-5551 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2217524 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STRAWDER, TROY 2800 SE MARICAMP RD OCALA FL 34471 Zip Code City FL 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MICHELL, PAMELA W NAME NAME 2324 SE 14TH ST. STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-7IP ☐ Addition D۷ ☐ Change TITLE ☐ Delete TITLE PRICE, NORMAN NAME NAME 810 NW 44TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34470 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE FALANGA, TOM NAME NAME 361 SE 52ND CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOORE, DOT NAME NAME STREET ADDRESS 10775 NW 19TH CT. STREET ADDRESS CITY-ST-ZIP OCALA FL 34475 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STENZEL, GARY NAME NAME STREET ADDRESS 6888 SW 97TH PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 ☐ Change ☐ Addition ☐ Delete TITLE TITLE JONES, C.R. NAME NAME 16400 SE 3RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL 34488

FILED

SIGNATURE: Wild DIVING OF SIGNING OFFICER OF DISECTOR Pame 1a W. Michell, President

SIGNATURE: Daving AND TYPED OF DEBUTED NAME OF SIGNING OFFICER OF DISECTOR.

Daving Phone #

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.