

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90076 010 \*\*\*\*61.25

<b>DOCUMENT # 706569</b> 1. Entity Name ASSOCIATION FOR RETARDED CITIZENS MARION, INC.
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Principal Place of Business 2800 S.E. MARICAMP ROAD OCALA, FL 34471-5551	Mailing Address 2800 S.E. MARICAMP ROAD OCALA, FL 34471-5551
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2217524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  STRAWDER, TROY 2800 SE MARICAMP RD OCALA, FL 34471
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHELL, PAMELA W 2324 SE 14TH ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRICE, NORMAN 810 NW 44TH AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FALANGA, TOM 361 SE 52ND CT. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, DOT 10775 NW 19TH CT. OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STENZEL, GARY 6888 SW 97TH PL. OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, C.R. 16400 SE 3RD ST. SILVER SPRINGS, FL 34488

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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. Mitchell 1/08/04 352-387-2210

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

Pamela W. Mitchell, President