

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 # 726916 (0)
1. Corporation Name
MARION-CITRUS MENTAL HEALTH CENTERS, INC.



Principal Place of Business Mailing Address
717 S.W. MARTIN LUTHER KING JR., AVE.
OCALA FL 34474
US P.O. BOX 1330
OCALA FL 34478

3. Date Incorporated or Qualified 07/10/1973
3a. Date of Last Report 02/15/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 51-0177273
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RASCO, RUSSELL
717 S.W. MARTIN LUTHER KING JR., AVE.
OCALA FL 32674

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 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 *Russell Rasco*
Signature, typed or printed name of registered agent, and title if applicable

NOTE: Registered Agent's signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	DEBOLT, MARK C	1314 S.E. 14TH AVE.	OCALA FL 34478	<input type="checkbox"/>
D	JOHNSON, FAYE	203 E. SILVER SPRINGS BLVD.	OCALA FL 34470	<input checked="" type="checkbox"/>
D	MONTGOMERY, MANDY	2920 W. SILVER SPRINGS BLVD.	OCALA FL 34475	<input type="checkbox"/>
D	BOSTAIN, CONSTANCE	5399 W. OAKLAWN ST.	CRYSTAL RIVER FL 34423	<input type="checkbox"/>
D	BREWER, PATTI	2547 S. PLEASANT POINT	INVERNESS FL 34450	<input type="checkbox"/>
D	SCHLEMER, CHARLENE	520 S.E. FT. KING, SUITE A-1	OCALA FL 34471	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
D	Stone, Leona	5350 S with lapopka Dr	Floral city FL 34436	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2800 SE Maricamp Rd	Ocala FL 34471			<input type="checkbox"/>	<input type="checkbox"/>
4000001751884	03/21/96	01010	027	<input type="checkbox"/>	<input type="checkbox"/>
***70.00				<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address.

SIGNATURE: *Charlene Schlemmer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 352-732-4444
Date Daytime Phone #

CR2E037 (12/95)

3-19-96