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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 10 1997 8:00am

Secretary of State

Daytime Phone # 0065932

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

SIGNATURE:

726916

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MARION-CITRUS MENTAL HEALTH CENTERS, INC.

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Principal Place of Business Mailing Address									,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• •.•.		
OCALA FL 3447	in Luther King Jr., Ave. 4		P.O. BOX 1330 OCALA FL 34478-1330											
US							3	Date In 07	corporated o //10/1973	r Qualified	3a. Di	03/19/19	eport 196	-
2. Principal Pl	ace of Business	2a. Mailing	Address				4	i. FEI Nur 5 1	nber -0177273				oplied Fo	
Suite, Apt	, etc.		Apt. #, etc.					Contilla	ate of Status	Desired	8	\$8.75		
2		27					- 0	. Certifica	ale of Status			Fee R	equired	
City & State)	City &	State				6		Campaign I	-			May Be	,
Z(p	Country	Zip		Cou	ntry				und Contribut				to Fees	
4	25	29		30	,		"		rporation nas Statutes		Yes [. 199.03	۵,
	9. Name and Address of Curre	nt Registered A	gent	1			10). Name :	and Address	of New Reg	latered	Agent		
					81	Name								
	RUSSELL				62	Street	Address ((P.O. Box	Number is N	ot Acceptabl	le)			·
	. Martin Luther King Jr., A	VE.		}	В3						· · · · · · · · · · · · · · · · · · ·			
OCALA I	FL 32674			i	D3									
					84	City					FL	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 617.05	02 and 617,1508	3. Florida Statu	ites, the al	ove	-named	corporation	ion submit	ts this statem	ent for the p		f changing i	ts registe	ered
office or re	o the provisions of Sections 617.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida, Suc	h change was	authorized	d by	the cor	poration's	board of	directors. I h	ereby accep	t the apr	pointment as	register	ed
SIGNATURE _	The state of the second the second	,	• (() 0 3 5 5) (101104 4141										
	Signature, typed or printed name of registered as		ole (NO	TE: Registered	Age	ni signalure	required who				DATE			
12.		ND DIRECTORS	☐ DELETE	13.			<u> </u>	ADDITIO	NS/CHANGE	S TO OFFIC	ERS ANI	Change	RS IN 12	
TITLE	P COULEMPED UNIVERSE		TT DETERE	1.1 1)			D					La Change	□ 140	UIRON
NAME	SCHLEMMER, CHARLENE 717 S.E. MARTIN LUTHER	KING JR AVE		1.2 N/		ADDDECC								
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TITLE	V		DELETE	2.1 7(1		1-811	P					Change	Add	dition
NAME)	RUBIN, ARTHUR			2.2 N/	ME]							
STREET ADDRESS	717 S.E. MARTIN LUTHER M	ING JR., AVE.		2.3 ST	REET	ADDRESS								
CTTY-SY-ZIP	OCALA FL 34478			2.40	TY-S	T-ZIP								
TITLE	T		DELETE	3.1 111	LE							Change	☐ Ad	dition
NAME	LYNN, ROBERT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.2 N/	ME									
STREET ADDRESS	717 S.E. MARTIN LUTHER H	ING JR., AVE.				address								
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NAME	BOSTAIN, CONSTANCE		order	4.1 N								C Citaligo	۰۰۰ بـــا	uidon ,
STREET ADDRESS	717 S.E. MARTIN LUTHER F	(ING JR., AVE.				ADDRESS	\							
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NAME	BREWER, PATTI			5.2 N/	ME		DeB	ارااه	yark.	1 4 4.0	n k	Lan's	AVE	2
STREET ADDRESS	717 S.E. MARTIN LUTHER H	ing Jr., Ave.		5.3 ST	REET	ADDRESS	1 🔺	1	Martin	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · ·)		
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NAME	COHEN, HANK	KING ID AVE		6.2 N/		100per	111	ハビジョ	Mart	in heat	nerl	Ki ng J	r Av	٠٠
STREET ADDRESS	717 S.W. MARTIN LUTHER I OCALA FL 34478	MITO JR., AYE	•			ADDRESS	Oc.	1.	C 1	344,	78	Ų		-
14. I do hereb	by certify that the information supplied	ed with this filing	does not qua	6.4 Cf lify for the					9.07(3)(i), Fk		•	r certify that	the	
informatio	n indicated on this annual report or ficer or director of the corporation of Block 12 or Block 13 if changed, i	supplemental ar or the receiver or	nnual report is trustee empo	true and a wered to e	ICCU	rate and	d that my s	signature	shall have th	e same legai	l effect s	s if made ur	ider oath	ı; that