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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726916** (0)
1. Corporation Name
MARION-CITRUS MENTAL HEALTH CENTERS, INC.

Principal Place of Business 717 S.W. MARTIN LUTHER KING JR., AVE. OCALA FL 34474 US	Mailing Address P.O. BOX 1330 OCALA FL 34478-1330 US
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2. Principal Place of Business 21 5664 SW 60th Ave. Bldg. 1 Suite, Apt. #, etc. 22 City & State 23 Ocala FL Zip 24 34474	2a. Mailing Address 28 PO Box 1330 Suite, Apt. #, etc. 27 City & State 28 Ocala FL Zip 29 34474-1330	Country 25 Marion 30 Marion
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3. Date Incorporated or Qualified 07/10/1973	4. FEI Number 51-0177273	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEMMER, CHARLENE	1.2 NAME	Lynn, Robert J.
STREET ADDRESS	717 S.E. MARTIN LUTHER KING JR., AVE.	1.3 STREET ADDRESS	9116 SW 91st Cir
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala FL 34481
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ARTHUR	2.2 NAME	Spivey, Stephen
STREET ADDRESS	717 S.E. MARTIN LUTHER KING JR., AVE.	2.3 STREET ADDRESS	230 NE 25th Ave
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala FL 34470
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, ROBERT	3.2 NAME	Penny, Richard
STREET ADDRESS	717 S.E. MARTIN LUTHER KING JR., AVE.	3.3 STREET ADDRESS	ONE NE First Ave
CITY-ST-ZIP	OCALA FL 34478	3.4 CITY-ST-ZIP	Ocala FL 34470
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTAIN, CONSTANCE	4.2 NAME	Farmer, Marilyn
STREET ADDRESS	717 S.E. MARTIN LUTHER KING JR., AVE.	4.3 STREET ADDRESS	1300 S Lecanto Hwy
CITY-ST-ZIP	OCALA FL 34478	4.4 CITY-ST-ZIP	Lecanto FL 34461
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBOLT, MARK	5.2 NAME	Brettle, Rosalie
STREET ADDRESS	717 S.E. MARTIN LUTHER KING JR., AVE.	5.3 STREET ADDRESS	13709 SW 115 Cir
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Dunnellon FL 34432
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CECILIA	6.2 NAME	Osterhout, Clara
STREET ADDRESS	717 S.W. MARTIN LUTHER KING JR., AVE.	6.3 STREET ADDRESS	4622 N Jademoor Dr
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	Beverly Hills FL 34465

14. 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 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: *Robert J. Lynn* 1/29/98 352/893-6582

CR2037 (10/97)