

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90094 009 ****70.00

0070585

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726916

1. Corporation Name

MARION-CITRUS MENTAL HEALTH CENTERS, INC.

Principal Place of Business

5664 SW 60TH AVENUE. BLDG 1
OCALA FL 34474
US

Mailing Address

P.O. BOX 771929
OCALA FL 34474-1929
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/10/1973

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

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)

1761 SE 38 CT

83

84 City *Ocala*

FL

85 Zip Code
34471

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **LYNN, ROBERT J.**
CITY-ST-ZIP **9116 SW 91ST CIRCLE**
OCALA FL 34481

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **SPIVEY, STEPHEN**
CITY-ST-ZIP **230 NE 25TH AVE**
OCALA FL 34470

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **PERRY, RICHARD**
CITY-ST-ZIP **ONE NE FIRST AVENUE**
OCALA FL 34470

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **FARMER, MARILYN**
CITY-ST-ZIP **1300 S. LACANTO HWY**
LACANTO FL 34461

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BREFFLE, ROSALIE**
CITY-ST-ZIP **13707 SW 115 CIR**
DUNNELLON FL 34432

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **OSTERHOUDT, CLARA**
CITY-ST-ZIP **4622 N. JADEMOUR DRIVE**
BEVERLY HILLS FL 34465

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **wines, Lucy Ann**
4.4 CITY-ST-ZIP **6161 N Misty Oak Terr**
Beverly Hills FL 34465

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert J. Lynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Lynn
President

2/17/99

Date

Daytime Phone #

352-
873-6500

CR2E037 (11/98)