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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727370** **(9)**

1. Corporation Name

MARION COUNTY SENIOR SERVICES, INC.

Principal Place of Business	Mailing Address
1644 N.E. 22ND AVENUE OCALA FL 34470 US	1644 N.E. 22ND AVENUE OCALA FL 34470-4727 US

3. Date Incorporated or Qualified: **09/05/1973**
3a. Date of Last Report: **03/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **23-7362750** ☐ 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

HUNTER, ANN
736 SE 18TH AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: Robert J Mathews
82 Street Address (P.O. Box Number Is Not Acceptable): 2025 SE 11th Street
83: Ocala, FL 34471
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: Robert Mathews — Robert Mathews, Chairman — DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	MATHEWS, ROBERT J		1.2 NAME	MATHEWS, ROBERT J.	
STREET ADDRESS	2025 SE 11 STR		1.3 STREET ADDRESS	2025 SE 11th Street	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	CD	☐ DELETE	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	HUNTER, ANN		2.2 NAME	WOODS, WILLIAM	
STREET ADDRESS	736 SE 18 AVE		2.3 STREET ADDRESS	400 SW 91st Place	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FL 34476	
TITLE	ED	☐ DELETE	3.1 TITLE	ED	☐ Change ☒ Addition
NAME	MORTHLAND, DIANE		3.2 NAME	CROSS, GAIL	
STREET ADDRESS	1706 SE 11 STR		3.3 STREET ADDRESS	6696 SW 17th Terr.Rd.	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	OCALA, FL 34476	
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	TOWNLEY, PARNELL		4.2 NAME	MARKS, KAY	
STREET ADDRESS	PO BOX 215 N/A		4.3 STREET ADDRESS	3422 SE Fort King ST.	
CITY-ST-ZIP	CANDLER FL		4.4 CITY-ST-ZIP	OCALA, FL 34471	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Gail Cross REQUIRED ,Gail Cross, EXEC. DIR. (352)629-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #