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FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

3. Date Incorporated or Qualified: 09/05/1973

4. FEI Number: 23-7362750 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERT J MATHEWS
2025 SE 11TH ST
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: William Woods
82 Street Address (P.O. Box Number is Not Acceptable): 400 SW 91 Place
83: Ocala, FL 34476
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: William R. Woods — Signature, typed or printed name of registered agent and title if applicable
William Woods, Chairman — (NOTE: Registered Agent signature required when reinstating)
DATE: 04/24/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	Chairman (D)	☒ Change ☐ Addition
NAME	MATHEWS, ROBERT J		1.2 NAME	William Woods	
STREET ADDRESS	2025 SE 11 STR		1.3 STREET ADDRESS	400 SW 91 Place	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala, FL 34476	
TITLE	CD	☒ DELETE	2.1 TITLE	Vice Chairman (D)	☒ Change ☐ Addition
NAME	HUNTER, ANN		2.2 NAME	Mike Wilkinson	
STREET ADDRESS	736 SE 18 AVE		2.3 STREET ADDRESS	3300 SW 34 Ave, Ste. 152	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	ED	☒ DELETE	3.1 TITLE	Exec.Director	☒ Change ☐ Addition
NAME	MORTHLAND, DIANE		3.2 NAME	Gail Cross	
STREET ADDRESS	1706 SE 11 STR		3.3 STREET ADDRESS	6696 SW 17 Ter.Rd.	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Ocala, FL 34476	
TITLE	VD	☒ DELETE	4.1 TITLE	Sec/Treasurer (D)	☒ Change ☐ Addition
NAME	TOWNLEY, PARNELL		4.2 NAME	Paul Clark	
STREET ADDRESS	PO BOX 215 N/A		4.3 STREET ADDRESS	POB 6000 N/A	
CITY-ST-ZIP	CANDLER FL		4.4 CITY-ST-ZIP	Ocala, FL 34478	
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 (10/97)

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: [illegible] Gail Cross Exec. Dir. 352-620-3651