FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 727370

MARION COUNTY SENIOR SERVICES, INC.

Principal Place of Business 1644 N.E. 22ND AVENUE OCALA FL 34470

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

1644 N.E. 22ND AVENUE OCALA FL 34470

2a. Mailing Address

Suite, Apt. #, etc.

City & State

US

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FILED Mar 23, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

.5. Certificate of Status Desired _ ⊤ X . . .

09/05/1973

23-7362750

4. FEI Number

23		40					
Zip	Country	Zip		intry	6. Election Campaign Financing	_¬ \$5.00 ∧	
24	25	29	30	<u> </u>	Trust Fund Contribution	Added to	Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
•				81 Name	<u>Juanita Cunningha</u>		
WOODS, WILLIAM 400 S W 91ST PLACE				82 Street	t Address (P.O. Box Number is Not Acceptable 1904 N.W. 14 St.))	1
	91SI PLACE		1	83		-	
OCALA FL	344/6 Duaneto	1. Lenner	show		Ocala, FL 34475		
	\ 7	//	,	84 City		FL 85 Zip C	j
office or r	egistered adent or both in the State	of Florida, Such char	nge was authorized	d by the coπ	d corporation submits this statement for the pur poration's board of directors. I hereby accept the	pose of changing its representations as regions.	egistered stered
	m familiar with, and accept the obliga	tions of, Section 617	.0503, Florida Stat	utes.	2/	26/99	Ţ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	d Agent signature	required when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	CD		DELETE 1.1 TI	ITLE	Chairman	Change	Addition
NAME	WOODS, WILLIAM		1.2 N	AME	Juanita Cunningham		
STREET ADDRESS	400 S W 91ST PLACE		1.3 \$	TREET ADORESS	1904 N.W. 14 St.		Ì
CITY-ST-ZIP	OCALA FL 34476		1.4 C	ITY-ST-ZIP	Ocala, FL 34475		
TITLE	VCD	[DELETE 2.1 TI	ΠLE	Vice Chairman	Change	☐ Addition
NAME	WILKINSON, MIKE		2.2 N	AME	Mike Wilkinson		1
STREET ADDRESS	3300 SW 34TH AVENUE, STE	152	2.3 S	TREET ADORESS		Ste. 152	1
CITY-ST-ZIP	OCALA FL 34474			CITY-ST-ZIP	Ocala, FL 34474		
TITLE	ED	LJ (DELETE 3.1 TI	ITLE	ED ED	☐ Change	Addition
NAME	CROSS, GAIL			AME	Gail Cross		
STREET ADORESS	6696 S W 17TH TERRACE RD		3.3 S	TREET ADDRESS	6696 S. W. 175Terra	ice Rd	
CITY-ST-ZIP	OCALA FL 34476			CITY-ST-ZIP	Ocala, FL 34476		□ Addition
TITLE	STD			ITLE ·	Sec/Treasurer	Change	☐ Addition
NAME i	CLARK, PAUL			NAME	Poul Clark		ł
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			TREET ADDRESS	P O Box 6000		
CITY-ST-ZIP	OCALA FL 34478			ITY-ST-ZIP	Ocala, FL 34478	Γ Change	Addition
TITLE		U 1	****	ITLE IAME	ocara, El 54170		
NAME				TREET ADDRESS			
STREET ADDRESS				•	·		1
CITY-ST-ZIP	<u>`</u>		5.4 C DELETE - 6.1 T	m F	-	☐ Change	Addition
TITLE			6.2 N			□ outrige	/MORON
NAME			i				
STREET ADDRESS				TREET ADDRESS		•	
CITY-ST-ZIP	and it, that the information outsided w	(0- a-1		ITY-ST-ZIP	ed in Section 119 07/3/(i) Florida Statutes I fu	ther partify that the in	formation

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. (352) 629-8661

SIGNATURE:

Executive Director

Applied For

\$8.75 Additional

Fee Required

Not Applicable

MARION COUNTY SENIOR SERVICES

BOARD OF DIRECTORS

Effective January, 1999

CHAIRMAN:

Juanita Cunningham 1904 N. W. 14 St. Ocala, FL 34475 Phone: 351-0233 (H)

VICE CHAIRMAN:

Mike Wilkinson
Mid-FL Mining Co.
3300 S. W. 34 Avenue
Ste. 152
Ocala, FL 34474
Phone: 854-0070 (B)

FAX: 854-1576

SECRETARY/TREASURER:

Paul Clark

Munroe Regional Medical Center P.O. Box 6000 Ocala, FL 34478 Phone: 351-7200 (B)

Herb Coleman

P.O. Box 1466 Ocala, FL 34478 Phone: 622-3915 (H)

Henry Dennis

1836 S. E. 14 Place Ocala, FL 34471 Phone: 629-0196 (H)

Harold Goforth

2114 S. E. 14 Lane Ocala, FL 34471 Phone: 732-4044

Kelly Hamer

151 S.E. 8 Street Ocala, FL 34471 Phone: 629-7441 (B)

George Henry

37 Almond Rd. Ocala, FL 34472 Phone: 624-4072 (H)

Billy Howell

2056 S.E. Twin Bridge Ct. Ocala, FL 34471

Phone: 629-0153 (H)

Biddie Kirk

1137 S.E. 7 Street Ocala, FL 34471 Phone: 732-4058

Robert Mathews, Jr.

2025 S.E. 11 St. Ocala, FL 34471 Phone: 732-2518 (H)

Margaret Palmer

709 S.E. 15 Ave. Ocala, FL 34471 Phone: 732-8899 (B)

Thelma Parker

1557 N. W. 16 Ct. Ocala, FL 34475 Phone: 629-5951

Frank Roberts

1754 N. E. 13 St. Ocala, FL 34470 Phone: 351-2220

Mitchell Shashy

1116 S. E. 5 St. Ocala, FL 34471 Phone: 629-2822

Robert Taylor

Combined Insurance Service 2801 S. W. College Road Ocala, FL 34474 Phone: 237-2181 (B) FAX: 237-2040

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Margaret Thomas

1057 N.E. 51 Ave. Ocala, FL 34470 Phone: 236-0881

William Woods

(Sun Trust) 400 S.W. 91 Place Ocala, FL 34476 Phone: 368-6268 (B) 237-0086 (H)

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