2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 727370

1. Entity Name
MARION COUNTY SENIOR SERVICES, INC.

Principal Place of Business	Mailing Address
1101 SOUTHWEST 20 COURT OCALA, FL 34474 US	1101 SOUTHWEST 20 COURT OCALA, FL 34474 US

01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

WATTS, BERNARD
1114 SE 10 ST.
OCALA, FL 34471

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WATTS, BERNARD
STREET ADDRESS	1114 SE. 10 ST.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VC
NAME	HOWELL, BILLY
STREET ADDRESS	2056 SE TWIN BRIDGE CT.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	ED
NAME	CROSS, GAIL
STREET ADDRESS	6696 S W 17TH TERRACE RD
CITY-ST-ZIP	OCALA, FL 34476
TITLE	STD
NAME	CLARK, PAUL
STREET ADDRESS	131 SW 15 ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	ED
NAME	CROSS, GAIL
STREET ADDRESS	6696 S.W. 17 TERRANCE RD.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	ST
NAME	CLARK, PAUL
STREET ADDRESS	131 SW 15 ST
CITY-ST-ZIP	OCALA, FL 34474

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01/18/06-80058-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Cross 1/5/06 352-620-3501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #