2003 NOT-FOR-PROFIT CORPORATION

Mar 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 727370** 1. Entity Name 03-14-2003 90052 010 ****70.00 MARION COUNTY SENIOR SERVICES, INC. Principal Place of Business Mailing Address 1644 N.E. 22ND AVENUE 1644 N.E. 22ND AVENUE OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 23-7362750 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, DANE Street Address (P.O. Box Number is Not Acceptable) 901 E SILVER SPRINGS BLVD OCALA FL 34470 City Zip Code 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. Dane Griffin, Chairman of the Board SIGNATURE . (NOTE: Registered Agent signature required when reinstating) DATE Sign 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE CD ☐ Delete TITLE Addition NAME GRIFFIN, DANE NAME STREET ADDRESS 901 E SILVER SPRINGS BLVD STREET ADDRESS CITY-ST-ZIP OCALA FL 34470 CITY-ST-ZIP

FILED

VCD ☐ Delete TITLE TITLE Change ☐ Addition VC GOFORTH, HAROLD - -Bernard Watts STREET ADDRESS STREET ADDRESS 2114 S.E. 14 LANE 1114 S.E. 10 St. CITY-ST-ZIP OCALA FL 34471-CITY-ST-ZIP Ocala, FL 34471 ED TITLE ☐ Delete TITLE ☐ Change Addition CROSS, GAIL NAME NAME STREET ADDRESS 6696 S W 17TH TERRACE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 STD TITLE ☐ Delete TITLE Change ☐ Addition CLARK, PAUL NAME NAME STREET ADDRESS 131 SW 15 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 FD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CROSS, GAIL NAME NAME 6696 S.W. 17 TERRANCE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 ST TITLE ☐ Delete TITLE Change ☐ Addition CLARK, PAUL NAME NAME STREET ADDRESS 131 SW 15 ST STREET ADDRESS CITY-ST-ZIP OCALA FL 34474

12. 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 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.

PEDREQUIREGAIL Cross, Executive Director 3/3/03

SIGNATURE:

BOARD OF DIRECTORS

Effective January 1, 2003

CHAIRMAN:

Dane Griffin

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INSURANCE.NET

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Phone: 629-4674 (H)

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Munroe Regional Medical Center

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