

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **754391** (1)
1. Corporation Name
VOLUNTEER SERVICE BUREAU OF MARION COUNTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4: 28

Principal Place of Business Mailing Address
520 S.E. FT. KING ST. STE C-1
OCALA FL 34471
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 09/26/1980 3a. Date of Last Report 02/07/1994
4. FEI Number 59-2045089 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STEDDOM, MARY B
520 SE FT KING ST
OCALA FL 32671
10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- MILLER, JEFF -	1.2 NAME	Williams, Anna
STREET ADDRESS	- 203-W- SILVER SPRINGS BLVD-	1.3 STREET ADDRESS	2195 SE 38th Street
CITY- ST- ZIP	- Ocala FL -	1.4 CITY- ST- ZIP	Ocala, FL 34471
TITLE	- SD -	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- BRYAN, LORRIN	2.2 NAME	Weaver, Tom Dr.
STREET ADDRESS	- 2034 NE 5TH PL-	2.3 STREET ADDRESS	CFCC
CITY- ST- ZIP	- Ocala FL -	2.4 CITY- ST- ZIP	State Road 200, Ocala, FL 34474
TITLE	- JD -	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- STONE, JACK -	3.2 NAME	Kays, Barbara
STREET ADDRESS	- 3609 NE 17TH LANE -	3.3 STREET ADDRESS	City of Ocala
CITY- ST- ZIP	- Ocala FL -	3.4 CITY- ST- ZIP	151 SE Osceola St., Ocala, FL 34471
TITLE	- D -	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- DUGGAN, TAM-	4.2 NAME	Ackerman, Cathy
STREET ADDRESS	- 2041 SE 5TH ST--	4.3 STREET ADDRESS	2119 SE 14th Lane
CITY- ST- ZIP	- Ocala FL -	4.4 CITY- ST- ZIP	Ocala, FL 34471
TITLE	- VCD -	5.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- WILLIAM, ANA -	5.2 NAME	Duggan, Tam
STREET ADDRESS	- 2105 SE 30TH ST -	5.3 STREET ADDRESS	2041 SE 5th Street
CITY- ST- ZIP	- Ocala FL -	5.4 CITY- ST- ZIP	Ocala, FL 34471
TITLE	- D -	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- WEAVER, TOM D -	6.2 NAME	Dittmann, Morrie
STREET ADDRESS	- CFCC - STATE RD-200-	6.3 STREET ADDRESS	9840 R SW 88th Ct.,
CITY- ST- ZIP	- Ocala FL -	6.4 CITY- ST- ZIP	Ocala, FL 34481

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anna Williams Anna Williams, Chairman 1/23/95 904-732-4771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in issue #)