

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754391 (1)

1. Corporation Name

VOLUNTEER SERVICE BUREAU OF MARION COUNTY, INC.



Principal Place of Business

Mailing Address

520 S.E. FT. KING ST. STE C-1
OCALA FL 34471
US

520 S.E. FT. KING ST. STE C-1
OCALA FL 34471
US

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/26/1980 | 3a. Date of Last Report 02/02/1995 |
| 4. FEI Number 59-2045089 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEDDOM, MARY B
520 SE FT KING ST
OCALA FL 32671**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | CD <input type="checkbox"/> DELETE | 11 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, ANNA | 12 NAME | Duggan, Tammerson |
| STREET ADDRESS | 2195 SE 38TH STREET | 13 STREET ADDRESS | 2041 SE 5th Street |
| CITY-ST-ZIP | OCALA FL | 14 CITY-ST-ZIP | Ocala, FL 34471 |
| TITLE | SD <input type="checkbox"/> DELETE | 21 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEAVER, TOM DR. C | 22 NAME | Ackerman, Cathy |
| STREET ADDRESS | STATE ROAD 200 | 23 STREET ADDRESS | 2100 SE 17th Street |
| CITY-ST-ZIP | OCALA FL | 24 CITY-ST-ZIP | Ocala, FL 34471 |
| TITLE | TD <input type="checkbox"/> DELETE | 31 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAYS, BARBARA | 32 NAME | Mutarelli, Richard |
| STREET ADDRESS | CITY OF OCALA, 151 SE OSCEOLA ST. | 33 STREET ADDRESS | 131 SW 15th Street |
| CITY-ST-ZIP | OCALA FL | 34 CITY-ST-ZIP | Ocala, FL 34471 |
| TITLE | D <input type="checkbox"/> DELETE | 41 TITLE | Branson, Rusty D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACKERMAN, CATHY | 42 NAME | E. Silver Springs Blvd. |
| STREET ADDRESS | 2119 SE 14TH LANE | 43 STREET ADDRESS | Ocala, FL 34471 |
| CITY-ST-ZIP | OCALA FL | 44 CITY-ST-ZIP | |
| TITLE | VCD <input type="checkbox"/> DELETE | 51 TITLE | VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUGGAN, TAM | 52 NAME | Kays, Barbara Edwards |
| STREET ADDRESS | 2041 SE 5TH STREET | 53 STREET ADDRESS | 151 SE Osceola Ave. |
| CITY-ST-ZIP | OCALA FL | 54 CITY-ST-ZIP | Ocala, FL 34471 |
| TITLE | D <input type="checkbox"/> DELETE | 61 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DITTMANN, MORRIE | 62 NAME | Weaver, Dr. Tom |
| STREET ADDRESS | 9840 R. SW 88TH CT., | 63 STREET ADDRESS | Hwy 200, CFCC |
| CITY-ST-ZIP | OCALA FL | 64 CITY-ST-ZIP | Ocala, FL 34474 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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 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: Tammerson O. Duggan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96

Date

352-732-4771

Daytime Phone #

CR2E037 (12/95)