

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1980	3a. Date of Last Report 02/28/1996
4. FEI Number 59-2045089	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

STEDDOM, MARY B
520 SE FT KING ST
OCALA FL 32871

10. Name and Address of New Registered Agent

81 Name Cindy Marshall
82 Street Address (P.O. Box Number is Not Acceptable) 520 SE Ft. King St., Suite C
83
84 City Ocala FL 85 Zip Code 34471

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 *Cindy Marshall*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/11/97
DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	DUGGAN, TAMMERSON
STREET ADDRESS	2041 SE 5TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ACKERMAN, CATHY
STREET ADDRESS	2100 SE 17TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MUTARELLI, RICHARD
STREET ADDRESS	131 SW 15TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRANSON, RUSTY
STREET ADDRESS	406 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	KAYS, BARBARA EDWARD
STREET ADDRESS	151 SE OSCEOLA AVE
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEAVER, DR. TOM
STREET ADDRESS	HWY 200 CFCC
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Debbie Carney, Barnett Bank
1.3 STREET ADDRESS	P.O. Box 550 1A/A
1.4 CITY-ST-ZIP	Ocala, FL 34478
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V. Joe Simmons, Jr.
2.3 STREET ADDRESS	125 NE 1st Ave.
2.4 CITY-ST-ZIP	Ocala, FL 34471
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Secretary, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Branson, Rusty
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Chair, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kays
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Vice Chair, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Weaver
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Bar* SIGNATURE REQUIRED

FILED
Sep 17 1997 8:00am
Secretary of State

CR2E037 (4/97)