

FILE NOW: FILING FEE IS \$61.25

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**Jul 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754391 (1)

1. Corporation Name
VOLUNTEER SERVICE BUREAU OF MARION COUNTY, INC.



Principal Place of Business 520 S.E. FT. KING ST. STE C-1 OCALA FL 34471 US	Mailing Address 520 S.E. FT. KING ST. STE C-1 OCALA FL 34471 US
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3. Date Incorporated or Qualified 09/26/1980	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MARSHALL, CINDY
520 SE FT KING ST
SUITE C
OCALA FL 34471**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME CARNEY, DEBBIE	
STREET ADDRESS P.O BOX 550 N/A	
CITY-ST-ZIP OCALA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SIMMONS, Y. JOE J.	
STREET ADDRESS 125 NE 1ST AVE	
CITY-ST-ZIP OCALA FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME MUTARELLI, RICHARD	
STREET ADDRESS 131 SW 15TH STREET	
CITY-ST-ZIP OCALA FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME BRANSON, RUSTY	
STREET ADDRESS 406 E SILVER SPRINGS BLVD	
CITY-ST-ZIP OCALA FL	
TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME KAYS, BARBARA EDWARD	
STREET ADDRESS 151 SE OSCEOLA AVE	
CITY-ST-ZIP OCALA FL	
TITLE VCD	<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 SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 11 SW 17th St.	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Cindy Marshall	
3.3 STREET ADDRESS 520 SE Ft. King St., Suite C	
3.4 CITY-ST-ZIP Ocala, FL 34471	
4.1 TITLE VC D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Frank Roberts	
5.3 STREET ADDRESS 1745 NE 13th St.	
5.4 CITY-ST-ZIP Ocala, FL	
6.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS 3001 SW College Rd.	
6.4 CITY-ST-ZIP	

14. 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 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.

CR2E037 (10/97)