


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90009 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754391

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/26/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2045089	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARSHALL, CINDY 520 SE FT KING ST SUITE C OCALA FL 34471				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	Y P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, DEBBIE		1.2 NAME		
STREET ADDRESS	11 SW 17TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, Y. JOE J.		2.2 NAME		
STREET ADDRESS	125 NE 1ST AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, CINDY		3.2 NAME		
STREET ADDRESS	520 SE FT KING ST, #C		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		3.4 CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> DELETE	4.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANSON, RUSTY		4.2 NAME		
STREET ADDRESS	406 E SILVER SPRINGS BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, FRANK		5.2 NAME		
STREET ADDRESS	1745 NE 13TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, DR. TOM		6.2 NAME		
STREET ADDRESS	3001 SW COLLEGE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		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, with all other like empowered.

SIGNATURE: Cindy Marshall SIGNATURE REQUIRED 07/20/99 352-732-4771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/99)