


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90035 011 ****61.25

DOCUMENT # 764267 1. Entity Name WE WHO CARE OF MARION COUNTY, INC.	
---	---

Principal Place of Business 2929 NE 14 AVE OCALA FL 34479 US	Mailing Address PO BOX 9033 OCALA FL 34479 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-2262041	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



2nd MOORE CR2E037 (5/05)

6. Name and Address of Current Registered Agent JOHNSON, RUTH 2929 NE 14 AVE OCALA FL 34479	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINGRICH, CHARLOTTE 1441 NE 23 ST OCALA FL 34470 SD <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATRINE LAWRENCE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 SW 79th Ter Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYONS, FRANK <input type="checkbox"/> Delete 5981 SW 128 PL OCALA FL 34473 PD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, RUTH <input type="checkbox"/> Delete 2929 NE 14 AVE OCALA FL 34479 TD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHITAKER, SHIRLEY <input type="checkbox"/> Delete 653 NE 31 ST OCALA FL 34479 SA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRICE, NORMAN <input type="checkbox"/> Delete 820 NE 44 AVE OCALA FL 34470 D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FISCHKELTA, NANCY <input type="checkbox"/> Delete 3341 SW 165 AVE. RD. OCALA FL 34481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered officer or director.

SIGNATURE: JOHNSON RUTH 7/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #