2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 764267

1. Entity Name
WE WHO CARE OF MARION COUNTY, INC.

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

01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2262041
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RUTH
2929 NE 14 AVE
OCALA, FL 34479

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAWRENCE, KATRENE
STREET ADDRESS	3292 NE 9TH AVE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	SD
NAME	LYONS, FRANK
STREET ADDRESS	5981 SW 128 PL
CITY-ST-ZIP	OCALA, FL 34473
TITLE	PD
NAME	JOHNSON, RUTH
STREET ADDRESS	2929 NE 14 AVE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	TD
NAME	WHITAKER, SHIRLEY
STREET ADDRESS	653 NE 31 ST
CITY-ST-ZIP	OCALA, FL 34479
TITLE	SA
NAME	PRICE, NORMAN
STREET ADDRESS	820 NE 44 AVE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	FISCHKELTA, NANCY
STREET ADDRESS	3341 SW 165 AVE. RD.
CITY-ST-ZIP	OCALA, FL 34481

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02/14/07-80038-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: Katrene Lawrence 2-05-07 352-854-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #