

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 037 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2262041

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, RUTH
2929 NE 14 AVE
OCALA, FL 34479

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

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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAWRENCE, KATRENE ☐ Delete
STREET ADDRESS 3292 NE 9TH AVE
CITY-ST-ZIP Ocala, FL 34479

TITLE SD
NAME LYONS, FRANK ☐ Delete
STREET ADDRESS 5981 SW 128 PL
CITY-ST-ZIP Ocala, FL 34473

TITLE PD
NAME JOHNSON, RUTH ☐ Delete
STREET ADDRESS 2929 NE 14 AVE
CITY-ST-ZIP Ocala, FL 34479

TITLE TD ☒ Delete
NAME WHITAKER, SHIRLEY
STREET ADDRESS 653 NE 31 ST
CITY-ST-ZIP Ocala, FL 34479

TITLE SA ☐ Delete
NAME PRICE, NORMAN
STREET ADDRESS 820 NE 44 AVE
CITY-ST-ZIP Ocala, FL 34470

TITLE D ☐ Delete
NAME FISCHKELTA, NANCY
STREET ADDRESS 3341 SW 165 AVE. RD.
CITY-ST-ZIP Ocala, FL 34481

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 S. Lawrence* *Katrene S. Lawrence* 5/13/08 352-854-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #