

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764267

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

2929 NE 14 AVE
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9033
OCALA, FL 34479 US

New Mailing Address:

FEI Number: 59-2262041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RUTH
2929 NE 14 AVE
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWRENCE, KATRENE
Address: 3292 NE 9TH AVE
City-St-Zip: OCALA, FL 34479

Title: SD () Delete
Name: LYONS, FRANK
Address: 5981 SW 128 PL
City-St-Zip: OCALA, FL 34473

Title: PD () Delete
Name: JOHNSON, RUTH
Address: 2929 NE 14 AVE
City-St-Zip: OCALA, FL 34479

Title: SA () Delete
Name: PRICE, NORMAN
Address: 820 NE 44 AVE
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: FISCHKELTA, NANCY
Address: 3341 SW 165 AVE. RD.
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAWRENCE, KATRENE
Address: 801 NE 23RD AVENUE
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATRENE LAWRENCE

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date