

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764267

FILED
Jan 20, 2010
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:

801 NE 23RD AVENUE
OCALA, FL 34470 US

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
Name: LAWRENCE, KATRENE
Address: 801 NE 23RD AVENUE
City-St-Zip: Ocala, FL 34470

Title: SD
Name: LYONS, FRANK
Address: 5981 SW 128 PL
City-St-Zip: Ocala, FL 34473

Title: PD
Name: JOHNSON, RUTH
Address: 2929 NE 14 AVE
City-St-Zip: Ocala, FL 34479

Title: SA
Name: PRICE, NORMAN
Address: 820 NE 44 AVE
City-St-Zip: Ocala, FL 34470

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

I hereby 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 all other like empowered.

SIGNATURE: RUTH JOHNSON

PD

01/20/2010

Electronic Signature of Signing Officer or Director

Date