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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04661** (7)

1. Corporation Name

**ADVISORY COUNCIL OF THE RETIRED SENIOR VOLUNTEER
PROGRAM OF MARION COUNTY, INC.**

Principal Place of Business

Mailing Address

**520 SE FT KING ST. C-1
OCALA FL 34471
US**

**520 SE FT KING ST. C-1
OCALA FL 34471
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEDDOM, MARY B.
1701 S.E. FT. KING ST.
BUILDING B, SUITE 4
OCALA FL 32871**

81 Name **Cindy Marshall**
82 Street Address (P.O. Box Number is Not Acceptable)
520 SE Ft. King St.
83 Suite **C**
84 City **Ocala** **FL** **85** Zip Code **34471**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Cindy Marshall
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

05/11/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **LASKY, JOSEPH D**
STREET ADDRESS **1404 NE 42 AVE**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **Rebecca Scott**
1.3 STREET ADDRESS **1644 NE 22nd Ave.**
1.4 CITY-ST-ZIP **Ocala, FL 34470**

TITLE **VD** ☐ DELETE
NAME **LOCKSHIN, LORI**
STREET ADDRESS **19 NW PINE AVENUE**
CITY-ST-ZIP **OCALA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TDS** ☐ DELETE
NAME **MILLER, MARTHA**
STREET ADDRESS **511 SE 3RD STREET**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Cindy Marshall**
4.3 STREET ADDRESS **520 SE Ft. King St., Suite C**
4.4 CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Cindy Marshall

05/11/98

CP2E037 (10/97)