

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 20, 2011
Secretary of State

Entity Name: OCALA COMMUNITY CARE, INC.

Current Principal Place of Business:

692 NW 30 AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5638
OCALA, FL 34478

New Mailing Address:

FEI Number: 26-1372976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOELSCHER, PHILIP
5025 LAKE IN THE WOODS BLVD
LAKELAND, FL 33813 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: PD
Name: PARES, SEGISMUNDO
Address: PO BOX 4860
City-St-Zip: OCALA, FL 34478

Title: VD
Name: JORDAN, MIKE
Address: 1800 SW 42 ST
City-St-Zip: OCALA, FL 34474

Title: SD
Name: TRAMMELL, DEBBIE
Address: PO BOX 3655
City-St-Zip: OCALA, FL 34778

Title: T
Name: MICHELL, DYER
Address: 2324 SE 14 ST
City-St-Zip: OCALA, FL 34471

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: SEGISMUNDO PARES

PRES

01/20/2011

Electronic Signature of Signing Officer or Director

Date