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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23648** **(1)**

1. Corporation Name

OCALA-MARION COUNTY COMMUNITY AIDS NETWORK, INC.

Principal Place of Business	Mailing Address
3820 E SILVER SPRINGS BLVD OCALA FL 34471 US	P.O. BOX 387 OCALA FL 34478 US

3. Date Incorporated or Qualified: 11/30/1987

3a. Date of Last Report: 07/20/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-2911265 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAY, TERRI L.
1286 NW 74TH PLACE
OCALA FL 34475

10. Name and Address of New Registered Agent

81 Name: SANDERS, LOWELL B.

82 Street Address (P.O. Box Number is Not Acceptable): 5850 N.W. 61st AVENUE

83

84 City: OCALA FL 85 Zip Code: 34482

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: Lowell B Sanders — Lowell B Sanders (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☒ DELETE	11 TITLE	ED (D)	☒ Change ☐ Addition
NAME	JUBELIRER, CAROL		12 NAME	SANDERS, LOWELL	
STREET ADDRESS	1328 SE FT. KING ST.		13 STREET ADDRESS	5850 N.W. 61st AVENUE	
CITY-ST-ZIP	OCALA FL		14 CITY-ST-ZIP	OCALA, FLORIDA 34482	
TITLE	T	☒ DELETE	21 TITLE	P (D)	☒ Change ☐ Addition
NAME	WATTS, ALICE		22 NAME	UHRAN, PAT	
STREET ADDRESS	229 SE 45TH TERRACE		23 STREET ADDRESS	2320 S.E. 174th PLACE	
CITY-ST-ZIP	OCALA FL		24 CITY-ST-ZIP	SUMMERFIELD, FLORIDA 34491	
TITLE	PD	☒ DELETE	31 TITLE	VP	☒ Change ☐ Addition
NAME	MAY, TERRI L		32 NAME	TIMMIS, HAROLD	
STREET ADDRESS	1286 NW 74TH PLACE		33 STREET ADDRESS	P.O. BOX 724	
CITY-ST-ZIP	OCALA FL		34 CITY-ST-ZIP	SPARR, FLORIDA 32192	
TITLE	TS	☒ DELETE	41 TITLE	CS	☒ Change ☐ Addition
NAME	ADLER, MARILYN J		42 NAME	SLOAN, DARRELL	
STREET ADDRESS	1721 NE 36TH AVE #7		43 STREET ADDRESS	13756 S.E. 51st AVENUE	
CITY-ST-ZIP	OCALA FL		44 CITY-ST-ZIP	SUMMERFIELD, FLORIDA 34491	
TITLE	(D)	☐ DELETE	51 TITLE	RS	☒ Change ☐ Addition
NAME	SHUMAN, GLENN		52 NAME	OSBORN, RICHARD	
STREET ADDRESS	20 S MAGNOLIA AVE		53 STREET ADDRESS	5850 N.W. 61st AVENUE	
CITY-ST-ZIP	OCALA FL		54 CITY-ST-ZIP	OCALA, FLORIDA 34482	
TITLE	DOC	☒ DELETE	61 TITLE	T	☒ Change ☐ Addition
NAME	FERGUSON, DIANE		62 NAME	GARRISON, GEORGE	
STREET ADDRESS	2665 NE 45TH ST		63 STREET ADDRESS	1803 S.W. 29th TERRACE	
CITY-ST-ZIP	OCALA FL		64 CITY-ST-ZIP	OCALA, FLORIDA 34428	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lowell B Sanders — Lowell B sanders (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 3/25/96 (Date) 352-237-2511 (Daytime Phone #)