SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1987
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business
21: 1515 Silver Springs Blvd
Suite, Apt. #, etc.
22: Suite 135-E
City & State
23: OCALA, Florida
Zip 24: 34470 Country 25: ~~MARE ONE~~ USA

2a. Mailing Address
26: 1515 Silver Springs Blvd
Suite, Apt. #, etc.
27: Suite 135-E
City & State
28: OCALA, Florida
Zip 29: 34470 Country 30: U.S.A.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ■ No

9. Name and Address of Current Registered Agent

SANDERS, LOWEEL B.
5850 NW 61ST AVENUE
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name: BARBARA J. CLICK
82 Street Address (P.O. Box Number is Not Acceptable): 7827 N.E. 310th AVE
83:
84 City: SALT SPRINGS FL 85 Zip Code: 32134

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: BARBARA J CLICK — Barbara J. Click, President — DATE: 07-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☒ DELETE	1.1 TITLE	E.D.	☑ Change ☐ Addition
NAME	SANDERS, LOWELL		1.2 NAME	BOBBY J. COIN	
STREET ADDRESS	5850 NW 61ST AVENUE		1.3 STREET ADDRESS	5449 N.W. 2nd St	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA, FLORIDA 34482	
TITLE	PD	☒ DELETE	2.1 TITLE	PRESIDENT-D	☑ Change ☐ Addition
NAME	UHRAN, PAT		2.2 NAME	BARBARA J. CLICK	
STREET ADDRESS	2320 SW 174TH PLACE		2.3 STREET ADDRESS	7827 N.E. 310TH AVE	
CITY-ST-ZIP	SUMMERFIELD FL		2.4 CITY-ST-ZIP	SALT SPRINGS, FLORIDA 32134	
TITLE	VP	☒ DELETE	3.1 TITLE	V.P.-D	☑ Change ☐ Addition
NAME	TIMMIS, HAROLD		3.2 NAME	Gooley Andrews	
STREET ADDRESS	P.O. BOX 724		3.3 STREET ADDRESS	P.O. BOX 453 N/A	
CITY-ST-ZIP	SPARR FL		3.4 CITY-ST-ZIP	OCALA, Florida 34481	
TITLE	TS	☒ DELETE	4.1 TITLE	V.P.	☑ Change ☐ Addition
NAME	ADLER, MARILYN J		4.2 NAME	Vickie GALLAGHER	
STREET ADDRESS	1721 NE 36TH AVE #7		4.3 STREET ADDRESS	P.O. BOX 369 N/A	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	SPARR, FL 32192	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	SHUMAN, GLENN		5.2 NAME	GLENN SHUMAN	
STREET ADDRESS	20 S MAGNOLIA AVE		5.3 STREET ADDRESS	20 S. MAGNOLIA	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	OCALA, FLORIDA	
TITLE	T	☒ DELETE	6.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	GARRISON, GEORGE		6.2 NAME	PAT CZERWONKA	
STREET ADDRESS	1803 SW 29TH TERRACE		6.3 STREET ADDRESS	P.O. BOX 451 N/A	
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	SUMMERFIELD, FL 34491	

14. I do 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.

07-28-97
SIGNATURE: BARBARA J CLICK — Barbara J. Click — 352-685-0720

CR2E037 (4/97)