FILE NOW: FILING FEE IS $61.25

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
1012 E Silver Springs Blvd ~~8820 E. SILVER SPRINGS BLVD~~ Suite E OCALA FL ~~34471~~ 34470 US	~~P.O. BOX 367~~ 1012 E Silver Springs Blvd Suite E OCALA FL ~~34478-0367~~ 34470 US

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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	10. Name and Address of New Registered Agent
SANDERS, LOWEEL B. **5850 NW 61ST AVENUE** **OCALA FL 34482**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
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	~~PRESIDENT~~	☐ Change ☐ Addition
NAME	SANDERS, LOWELL		1.2 NAME		
STREET ADDRESS	5850 NW 61ST AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	UHRAN, PAT		2.2 NAME	Click, BARBARA	
STREET ADDRESS	2320 SW 174TH PLACE		2.3 STREET ADDRESS	7827 NE. 310th Ave.	
CITY-ST-ZIP	SUMMERFIELD FL		2.4 CITY-ST-ZIP	FT McCoy, FL 32134	
TITLE	VP	☒ DELETE	3.1 TITLE	Vice-Pres.	☑ Change ☐ Addition
NAME	TIMMIS, HAROLD		3.2 NAME	~~Gouley~~ ~~Andrews~~ Andrews, Gouley	
STREET ADDRESS	P.O. BOX 724 N/A		3.3 STREET ADDRESS	P.O. Box 753 N/A	
CITY-ST-ZIP	SPARR FL		3.4 CITY-ST-ZIP	OCALA, FL 34481	
TITLE	TS	☒ DELETE	4.1 TITLE	2nd Vice President	☒ Change ☐ Addition
NAME	ADLER, MARILYN J		4.2 NAME	Gallasher, Vicki	
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		☐ Change ☐ Addition
NAME	SHUMAN, GLENN		5.2 NAME		
STREET ADDRESS	20 S MAGNOLIA AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	GARRISON, GEORGE		6.2 NAME	Isabella Hale	
STREET ADDRESS	1803 SW 29TH TERRACE		6.3 STREET ADDRESS	719 SE 12 Street	
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	Ocala Fl 34471	

CR2E037 (9/96)

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.

SIGNATURE: Barbara J. Click (BARBARA J. CLICK) DATE: 3-20-97 (3 20)