

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90131 006 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

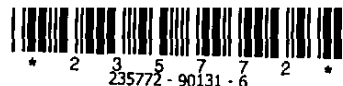
DOCUMENT # N23648

1. Corporation Name

OCALA-MARION COUNTY COMMUNITY AIDS NETWORK, INC.

Principal Place of Business
 1012 E SILVER SPRINGS BLVD
 SUITE E
 OCALA FL 34470
 US

Mailing Address
 1012 E SILVER SPRINGS BLVD
 SUITE E
 OCALA FL 34470
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/30/1987
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2911265
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

CLICK, BARBARA J
7827 NE 310TH AVE
SALT SPRINGS FL 32134

81 Name **Helen R. Bunch**
 82 Street Address (P.O. Box Number is Not Acceptable)
2145 NE 45th Ave
 83
 84 City **Ocala** **FL** 85 Zip Code **34470**

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 Helen R. Bunch Helen R. Bunch 1/19/99
 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	1.1 TITLE	President ☒ Change ☐ Addition
NAME	COIN, BOBBY J	1.2 NAME	Helen R. Bunch
STREET ADDRESS	5449 NW 2ND ST	1.3 STREET ADDRESS	2145 NE 45th Ave
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	P ☒ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	CLICK, BARBARA	2.2 NAME	Terry Smartt
STREET ADDRESS	7827 NE 310TH AVE	2.3 STREET ADDRESS	933 SW 3rd Ct
CITY-ST-ZIP	FT MCCOY FL 32134	2.4 CITY-ST-ZIP	Ocala, FL 34476
TITLE	VP ☒ DELETE	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	ANDREWS, GOULEY	3.2 NAME	Sarah Wilson
STREET ADDRESS	P.O. BOX 753 N/A	3.3 STREET ADDRESS	1422 E Silver Springs Blvd #7
CITY-ST-ZIP	OCALA FL 34481	3.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	VP ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	GALLAGHER, VICKI	4.2 NAME	Elza Brea
STREET ADDRESS	P.O. BOX 369	4.3 STREET ADDRESS	2213 NE 45th Ave
CITY-ST-ZIP	SPARR FL 32192	4.4 CITY-ST-ZIP	Ocala, FL 34470
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	☐ Change ☐ Addition
NAME	HALE, ISABELLE	6.2 NAME	
STREET ADDRESS	719 SE 12TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34471	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, with all other like empowered.

SIGNATURE: Helen R. Bunch Helen R. Bunch 1/19/99 352-347-6190
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

235772-90131-6
N23648

**Ocala/Marion County Community AIDS Network
Additional 1999 Directors**

Norval Bunch
2145 NE 45th Avenue
Ocala, FL 34470
352-236-6023

Barbara Click
7827 NE 310th Ave.
Fort McCoy, FL 32134
352-685-0720

Peter Medina
P.O. Box 119
Summerfield, FL 34492
352-347-7665

Melanie Owen
13840 SE 25th Avenue
Summerfield, FL 34491
352-307-2033

Darrel Sloan
13756 SE 51st St.
Summerfield, FL 34491
352-347-3795

Vera Tillman
837 NW 8th Avenue
Ocala, FL 34474
401-9256

Richard Wilson
1422 E. Silver Springs Blvd.
#7
Ocala, FL 34470

Bob Cook
1433 NW 1st Avenue
Ocala, FL 34479
352-369-9245