# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:00

DOCUMENT # **N24984** **(9)**

1. Corporation Name

**MARION COUNTY EMPLOYEE EMERGENCY FUND, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 412 S.E. 25TH AVENUE<br>OCALA FL 32671<br>US | 412 S.E. 25TH AVENUE<br>OCALA FL 32671<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-6000735 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
7a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 |
|---|---|
| FOWLER, ROBERT J.<br>601 S.E. 25TH AVENUE<br>OCALA FL 34471 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (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 | DV | 1.1 TITLE | DT ☐ Change ☐ Addition |
| NAME | PEEBLES, LODDY | 1.2 NAME | WILEY, ALVIN |
| STREET ADDRESS | 7751 E. HIGHWAY 316 | 1.3 STREET ADDRESS | 5570 S.E. 42nd Avenue |
| CITY-ST-ZIP | CITRA FL | 1.4 CITY-ST-ZIP | Ocala, Florida 34480 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | JENSEN, CAROLE | 2.2 NAME | |
| STREET ADDRESS | 9040 S.E. 88TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HENDRICK, BARBARA | 3.2 NAME | |
| STREET ADDRESS | 8 WAGON WHEEL WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAWKINS, DON | 4.2 NAME | |
| STREET ADDRESS | 14981 NE 85TH PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | D S | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SWANGER, JAMES | 5.2 NAME | |
| STREET ADDRESS | 721 NW 120TH AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 5.4 CITY-ST-ZIP | |
| TITLE | DP | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | TEDDER, MYRA | 6.2 NAME | |
| STREET ADDRESS | PO BOX 1461 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 6.4 CITY-ST-ZIP | |

10611 S.E. 51st Ct. Belleview, FL 34421

RETURNED BY MAY 1

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:** Alvin E. Wiley TREASURER 5-2-95 904-620-3422
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Alvin E. Wiley

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