

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24984** (9)
1. Corporation Name
MARION COUNTY EMPLOYEE EMERGENCY FUND, INC.



Principal Place of Business 412 S.E. 25TH AVENUE OCALA FL 32671 US	Mailing Address 412 S.E. 25TH AVENUE OCALA FL 34471-2687 US
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3. Date Incorporated or Qualified 02/23/1988	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 56-6000735	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

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.
601 S.E. 25TH AVENUE
OCALA FL 34471**

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 **Robert J. Fowler**

3/6/97

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 DT	<input type="checkbox"/> DELETE	1.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILEY, ALVIN		1.2 NAME Kindig, Marcy	
STREET ADDRESS 5570 S.E. 42ND AVENUE		1.3 STREET ADDRESS 3342 S.E. 12th Street	
CITY-ST-ZIP OCALA FL		1.4 CITY-ST-ZIP Ocala, Florida 34471	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PEEBLES, LODDY		2.2 NAME HODGE, DIANA	
STREET ADDRESS 7751 E HWY 316		2.3 STREET ADDRESS 285 S.E. 50th Avenue	
CITY-ST-ZIP CITRA FL 32113		2.4 CITY-ST-ZIP Ocala, Florida 34471	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENDRICK, BARBARA		3.2 NAME RITCHEY, ELIZABETH	
STREET ADDRESS 8 WAGON WHEEL WAY		3.3 STREET ADDRESS P.O. Box 112	
CITY-ST-ZIP OCALA FL		3.4 CITY-ST-ZIP Citra, Florida 32113	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAWKINS, DON		4.2 NAME GIANIKAS, GUS	
STREET ADDRESS 14981 NE 85TH PLACE		4.3 STREET ADDRESS 320 S.E. 29th Terrace	
CITY-ST-ZIP SILVER SPRINGS FL		4.4 CITY-ST-ZIP Ocala, Florida 34471	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SWANGER, JAMES		5.2 NAME MATRA-MORSON, YVONNE	
STREET ADDRESS 721 NW 120TH AVENUE		5.3 STREET ADDRESS 25 Spring Loop Circle	
CITY-ST-ZIP OCALA FL		5.4 CITY-ST-ZIP Ocala, Florida 34472	
TITLE DP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEDDER, MYRA		6.2 NAME	
STREET ADDRESS 10617 S.E. 51ST CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP BELLEVIEW FL		6.4 CITY-ST-ZIP	

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: **Myra L. Tedder**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97

(352) 620-3545

Date

Daytime Phone # **0065624**

CR2E037 (9/96)