

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32671 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/23/1988	
4. FEI Number 56-6000735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FOWLER, ROBERT J. 601 S.E. 25TH AVENUE OCALA FL 34471	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILEY, ALVIN	1.2 NAME	HODGE, DIANE
STREET ADDRESS	5570 S.E. 42ND AVENUE	1.3 STREET ADDRESS	285 S.E. 50th Avenue
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, Florida 34471
TITLE	XXX <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEBLES, LODDY	2.2 NAME	MATRA-MORSON, YVONNE
STREET ADDRESS	7751 E HWY 318	2.3 STREET ADDRESS	25 Spring Loop Circle
CITY-ST-ZIP	CITRA FL 32113	2.4 CITY-ST-ZIP	Ocala, Florida 34472
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	DX DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <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 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 Tedder* MYRA D. TEDDER 4/14/98 (352) 620-3345

CR2E037 (10/97)