

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90111 028 \*\*\*\*61.25

0070329

**DOCUMENT # N24984**

1. Corporation Name

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

104520 90111 28

Principal Place of Business

~~412 S.E. 25TH AVENUE~~  
~~OCALA FL 32671~~  
~~US~~

Mailing Address

~~412 S.E. 25TH AVENUE~~  
~~OCALA FL 32671~~  
~~US~~



2. Principal Place of Business

**21 521 S.E. 26th Court**

Suite, Apt. #, etc.

**22 City & State**

**23 Ocala, Florida 34471**

**24 Zip Country**

**25**

2a. Mailing Address

**26 521 S.E. 26th Court**

Suite, Apt. #, etc.

**27 City & State**

**28 Ocala, Florida 34471**

**29 Zip Country**

**30**

3. Date Incorporated or Qualified

**02/23/1988**

4. FEI Number

**56-6000735**

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

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DT** ☐ DELETE  
**NAME WILEY, ALVIN**  
**STREET ADDRESS 5570 S.E. 42ND AVENUE**  
**CITY-ST-ZIP Ocala FL**

**TITLE V** ☐ DELETE  
**NAME PEEBLES, LODDY**  
**STREET ADDRESS 7751 E HWY 316**  
**CITY-ST-ZIP CITRA FL 32113**

**TITLE D** ☐ DELETE  
**NAME HODGE, DIANE**  
**STREET ADDRESS 285 S E 50TH AVENUE**  
**CITY-ST-ZIP Ocala FL 34471**

**TITLE D** ☐ DELETE  
**NAME HAWKINS, DON**  
**STREET ADDRESS 14981 NE 85TH PLACE**  
**CITY-ST-ZIP SILVER SPRINGS FL**

**TITLE D** ☐ DELETE  
**NAME SWANGER, JAMES**  
**STREET ADDRESS 721 NW 120TH AVENUE**  
**CITY-ST-ZIP Ocala FL**

**TITLE DP** ☐ DELETE  
**NAME TEDDER, MYRA**  
**STREET ADDRESS 10617 S.E. 51ST CT.**  
**CITY-ST-ZIP BELLEVUE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE Director** ☐ Change ☒ Addition  
**1.2 NAME MORSON-MATRA, YVONNE**  
**1.3 STREET ADDRESS 25 Spring Loop Circle**  
**1.4 CITY-ST-ZIP Ocala, Florida 34472**

**2.1 TITLE Director** ☐ Change ☒ Addition  
**2.2 NAME COUCH, RENEE**  
**2.3 STREET ADDRESS 11245 S.E. 73rd Court**  
**2.4 CITY-ST-ZIP Belleview, Florida 34420**

**3.1 TITLE Director** ☐ Change ☒ Addition  
**3.2 NAME SCHANZ, CATHIE**  
**3.3 STREET ADDRESS 15077 S.W. 35th Circle**  
**3.4 CITY-ST-ZIP Ocala, Florida 34473**

**4.1 TITLE Director** ☐ Change ☒ Addition  
**4.2 NAME KIDD, PEGGY**  
**4.3 STREET ADDRESS 9585 S.E. 161st Street**  
**4.4 CITY-ST-ZIP Summerfield, Florida 34491**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**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:

*Myra L. Tedder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

(352) 620-3345

Daytime Phone #

CR2E037 (1/98)