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Jan 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 # **N26285** (9)

1. Corporation Name

MARION COUNTY ALZHEIMER'S GROUP, INC.

Principal Place of Business

**3300 S.W. 34 AVE.
STE. 160 - 3
OCALA FL 34474
US**

Mailing Address

**P. O. BOX 6438
OCALA FL 34478
US**

3. Date Incorporated or Qualified

05/05/1988

4. FEI Number

59-2930981

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**BENDULA, JEAN M.
4680 N.W. 80 CT
OCALA FL 34482-2056**

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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 ☐ DELETE

NAME **VP
FENTON OVERLY**
STREET ADDRESS **5393 SW 89 STREET**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D
SMITH, MARK**
STREET ADDRESS **3150 N.E. 36 AVE BOX 176**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **T
BENDULA, JEAN**
STREET ADDRESS **4680 NW 80CT**
CITY-ST-ZIP **OCALA FL 34482-2056**

TITLE ☐ DELETE

NAME **VD
HICKSON, ROBERT**
STREET ADDRESS **12910 US HWY 27**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **P
ELLEN, GARY**
STREET ADDRESS **16974 SE 63RD LANE**
CITY-ST-ZIP **OKLAWAHA, FL**

TITLE ☐ DELETE

NAME **S
HOLLAND, DOROTHY**
STREET ADDRESS **6040 SE. 126 ST.**
CITY-ST-ZIP **BELLVIEW FL 34420**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **VP
NANCY CARTER**
1.3 STREET ADDRESS **4311 S.E. 44 ST.**
1.4 CITY-ST-ZIP **OCALA, FL 34480**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **T
ELLEN GARY**
3.3 STREET ADDRESS **16924 S.E. 63 LANE**
3.4 CITY-ST-ZIP **OKLAWAHA, FL 32179**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **P
FENTON OVERLY**
5.3 STREET ADDRESS **9072 A.S.W. 96 LANE**
5.4 CITY-ST-ZIP **OCALA, FL 34481**

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.

SIGNATURE:

ELLEN GARY (FENTON GARY)

Date

1-12/98

Daytime Phone #

(352) 237-1388

CR2E037 (10/97)