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May 05 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 # N41047 (4)

1. Corporation Name
ARC MARION-NEW HOPE FOUNDATION, INC.



Principal Place of Business 2800 SE MARICAMP RD. OCALA FL 34471-5538	Mailing Address 2800 SE MARICAMP RD. OCALA FL 34471-5538
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3. Date Incorporated or Qualified 11/28/1990
4. FEI Number 59-3246094
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

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

9. Name and Address of Current Registered Agent

**AMSDEN, SUE
2800 SE MARICAMP RD.
OCALA FL 34471**

10. Name and Address of New Registered Agent

81 Name Kenneth P. McDonald
82 Street Address (P.O. Box Number is Not Acceptable) 2800 SE Maricamp Road
83
84 City Ocala
85 Zip Code FL 34471

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 *Kenneth P. McDonald* DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, IRENE S	
STREET ADDRESS	1026 E. SILVER SPRINGS RD.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALIGA, JOSEPH W	
STREET ADDRESS	1970 SE 32ND LANE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PEEK, DAVID H	
STREET ADDRESS	1809 GULF LIFE TOWER	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILDY, HELEN C.	
STREET ADDRESS	614 N.E. 45TH CT.	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILDY, HELEN C	
STREET ADDRESS	614 NE 45TH COURT	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALIGA, JOSEPH	
STREET ADDRESS	1970 S.E. 32ND LANE	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hancher, Irene	
1.3 STREET ADDRESS	1926 S.E. 37th Ct. Circle	
1.4 CITY-ST-ZIP	Ocala, FL 34471	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Irene Hancher* **Irene Hancher, President** 4/27/98 352/351-3611

CR2E037 (10/97)

OFFICES AND DIRECTORS
ARC MARION - NEW HOPE FOUNDATION, INC.

Mrs. Irene S. Hancher, President
1926 SE 37th Ct. Circle
Ocala, FL 34471

Mrs. Helen C. Wildy, Vice President
614 NE 45th Court
Ocala, FL 34471

Mr. David H. Peek, Secretary/Treasurer
1609 Gulf Life Tower
Jacksonville, FL 32207

Mr. Joseph W. Waliga, Director
1970 SE 32nd Lane
Ocala, FL 34471

Mr. Kenneth P. McDonald
2800 SE Maricamp Rd
Ocala, FL 34471