FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000980 (4)

1. Corporation Name

CITIZENS OF SOUTHEAST MARION, INC.

Principal Place of Business	Mailing Address
21961 SE 149TH LN UMATILLA FL 32784	21961 SE 149TH LN UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-3202786 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

SNOWBERGER, DANIEL
21961 SE 149TH LN
UMATILLA FL 32784

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Daniel J. Snowberger — DATE: 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	SNOWBERGER, DANIEL
STREET ADDRESS	21961 S.E. 149TH LANE
CITY ST ZIP	UMATILLA FL
TITLE	VC
NAME	GIBSON, MICHAEL
STREET ADDRESS	16880 S.E. 249 AVE
CITY ST ZIP	UMATILLA FL
TITLE	SD
NAME	ROUNDABUSH, SUE
STREET ADDRESS	P.O. BOX 562 N/A
CITY ST ZIP	ALTOONA FL
TITLE	TD
NAME	NORFOLK, SANDRA
STREET ADDRESS	20865 S.E. 142 LANE
CITY ST ZIP	UMATILLA FL
TITLE	D
NAME	MONDAY, DONALD
STREET ADDRESS	14930 S.E. 218 TERRACE
CITY ST ZIP	UMATILLA FL
TITLE	D
NAME	BLIZZARD, RALPH
STREET ADDRESS	21990 S.E. 147TH PLACE
CITY ST ZIP	UMATILLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

1.1 TITLE	C
1.2 NAME	Otto Wettstein
1.3 STREET ADDRESS	21961 S.E. 149 Lane
1.4 CITY ST ZIP	Umatilla, FL 32784
2.1 TITLE	SD
2.2 NAME	Sue Roudabush
2.3 STREET ADDRESS	P.O. Box 562 N/A
2.4 CITY ST ZIP	Altoona, FL 32702
3.1 TITLE	TD
3.2 NAME	Sandra Norfolk
3.3 STREET ADDRESS	20865 S.E.142 Lane
3.4 CITY ST ZIP	Umatilla, FL 32784
4.1 TITLE	D
4.2 NAME	Donald Monday
4.3 STREET ADDRESS	14930 S.E. 218 Terrace
4.4 CITY ST ZIP	Umatilla, FL 32784
5.1 TITLE	D
5.2 NAME	Ralph Blizzard
5.3 STREET ADDRESS	21990 S.E. 147 Place
5.4 CITY ST ZIP	Umatilla, FL 32784
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sue Roudabush — Sue Roudabush — 4/28/95 — 904-669-3766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032720