

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90092 042 ****61.25

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1. Corporation Name

CITIZENS OF SOUTHEAST MARION, INC.

Principal Place of Business

**29934 SE 170TH ST
ALTOONA FL 32702
US**

Mailing Address

**POB 562
ALTOONA FL 32702
US**

1 5 1 6 9 2 4 - 9 0 0 9 2 - 4 2



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/04/1993

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3202786

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROUDABUSH, S J
29934 SE 170TH ST
ALTOONA FL 32700**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE
NAME **ROUDABUSH, S J**
STREET ADDRESS **29934 SE 170TH ST**
CITY-ST-ZIP **ALTOONA FL 32702**

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **WOOD, MADELINE**
1.3 STREET ADDRESS **25291 SE HIGHWAY 42**
1.4 CITY-ST-ZIP **UMATILLA, FL. 32784**

TITLE **SD** ☒ DELETE
NAME **THORNTON, W O**
STREET ADDRESS **20821 SE 141 LAN**
CITY-ST-ZIP **UMATILLA FL 32784**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **NORFOLK, S J**
STREET ADDRESS **20865 SE 1242ND LN**
CITY-ST-ZIP **UMATILLA FL 32784**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COOKE, DEE**
STREET ADDRESS **24415 W HIGHWAY 450**
CITY-ST-ZIP **UMATILLA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **GIBSON, MICHAEL**
STREET ADDRESS **16880 SE 249 AVENUE**
CITY-ST-ZIP **UMATILLA FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **See Roudabush** **REQUIRED** **ROUDABUSH** **4/17/99** **(352) 669-3766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)