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 APR 26 AM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005338 (9)

1. Corporation Name
FAMILY VISITATION CENTER OF OCALA, INC.

Principal Place of Business	Mailing Address
216 NW SANCHEZ AVE. OCALA FL 34470 US	216 NW SANCHEZ AVE. OCALA FL 34470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1993	3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-3211740	☐ 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	2a. Mailing Address
21 216 N E Sanchez Ave.	26 216 NE SANchez Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala Fl.	28 City & State: Ocala, Fl.
24 Zip: 34470 25 Country	29 Zip: 34470 30 Country

9. Name and Address of Current Registered Agent

LANDT, MARY C
2100 SE 17TH ST
SUITE 600
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	SCHATT, REBECCA B.	12 NAME	
STREET ADDRESS	1301 SW 43RD PLACE	13 STREET ADDRESS	1251 SW 43rd Pl,
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala, Fl. 34474
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	Wolfson, Cathy	22 NAME	
STREET ADDRESS	4076 NW 95th Ave.	23 STREET ADDRESS	900001468339
CITY-ST-ZIP	Ocala, Fl. 34482	24 CITY-ST-ZIP	-04/28/95--01061--014 *****61.25 *****61.25
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Katz, Shelley	32 NAME	
STREET ADDRESS	401 S.E. 19th Ave.	33 STREET ADDRESS	
CITY-ST-ZIP	Ocala, Fl. 34471	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

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)(k), 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: Rebecca B. Schatt Rebecca Schatt 3-6-95 904-237-1096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0010742