

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005338 (9)

1. Corporation Name

FAMILY VISITATION CENTER OF OCALA, INC.

Principal Place of Business

216 NW SANCHEZ AVE.
OCALA FL 34470
US

Mailing Address

216 NW SANCHEZ AVE.
OCALA FL 34470-5871
US



3. Date Incorporated or Qualified
11/18/1993

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3211740

Applied For

Not Applicable

Suite, Apt. #, etc.

22 216 N.E. Sanchez Ave

Suite, Apt. #, etc.

27 216 NE Sanchez Ave

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23

City & State

28

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDT, MARY C
2100 SE 17TH ST
SUITE 800
OCALA FL 34471

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

216 NE Sanchez Ave

83

84 City

Ocala

FL

85 Zip Code

34470

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	PD	<input type="checkbox"/> DELETE
NAME	SCHATT, REBECCA B.	
STREET ADDRESS	1251 S.W. 43RD PLACE	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFSON, CATHY	
STREET ADDRESS	4076 N.W. 95TH AVE.	
CITY - ST - ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEDLEY, KATZ	
STREET ADDRESS	401 S.E. 19TH AVE.	
CITY - ST - ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 do 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: Rebecca B. Schatt 4/15/97 352-237-1096

CP2E037 (9/96)