

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000001919 (8)**

1. Corporation Name

**FLORIDA FOSTER CARE REVIEW PROJECT OF MARION COUNTY, INC.**



Principal Place of Business

Mailing Address

**2100 SOUTH EAST 17TH STREET  
SUITE 600  
OCALA FL 34471**

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SUITE 600  
OCALA FL 34471**

3. Date Incorporated or Qualified  
**04/17/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

**59-3307924**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANDT, MARY CATHERINE ESQ.  
2100 SOUTH EAST 17TH STREET  
SUITE 600  
OCALA FL 34471**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **ALBRIGHT, GEORGE REP.**  
STREET ADDRESS **111 S.E. 25TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ DELETE  
NAME **CORNELL-OHLMAN, JOANNE PH.D**  
STREET ADDRESS **3021 S.W. 27TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34475**

TITLE **D** ☐ DELETE  
NAME **DOUGLAS, ROBERT LT.**  
STREET ADDRESS **692 N.W. 30TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE **PD** ☒ DELETE  
NAME **EVANS, BILL**  
STREET ADDRESS **SUNBANK OF N. CENT FL 203 E SILVER SPG BL**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☐ DELETE  
NAME **JAMES, TONI**  
STREET ADDRESS **1401 N.E. 2ND. STREET**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☐ DELETE  
NAME **JOHNSON, JUDY**  
STREET ADDRESS **601 S.E. 25TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34471**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES. & CHMN BOB** ☐ Change ☒ Addition  
1.2 NAME **MARY CATHERINE LANDT**  
1.3 STREET ADDRESS **2100 S.E. 17 STREET, STE 600**  
1.4 CITY-ST-ZIP

2.1 TITLE **V.P. & BOB COCHM** ☐ Change ☒ Addition  
2.2 NAME **BECKY SCHAT**  
2.3 STREET ADDRESS **1301 S.W. 43 PLACE**  
2.4 CITY-ST-ZIP **OCALA FL 34474**

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

4.1 TITLE **DIR.** ☒ Change ☐ Addition  
4.2 NAME **EVANS, BILL**  
4.3 STREET ADDRESS **203 E. SILVER SPRING BLVD**  
4.4 CITY-ST-ZIP **OCALA FL 34470**

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

6.1 TITLE ☐ Change ☐ 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 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:

*Mary Catherine Landt*, President + Chmn, BOB 1/31/96 (352) 3682242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)