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FILED
May 20 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 # 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

2100 SOUTH EAST 17TH STREET
SUITE 600
OCALA FL 34471-4148

3. Date Incorporated or Qualified
04/17/1995

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

2. Principal Place of Business

2a. Mailing Address

21 110 NW 1ST AVE

26 230 NE 25th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ocala FL

28 Ocala FL

Zip

Country

Zip

Country

24 34475

25 USA

29 34470

30 USA

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

SAME

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

230 NE 25th AVE

83

SUITE 200

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)

3/3/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALBRIGHT, GEORGE REP.	
STREET ADDRESS	111 S.E. 25TH AVENUE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNELL-OHLMAN, JOANNE PH.D	
STREET ADDRESS	3021 S.W. 27TH AVENUE	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, ROBERT LT.	
STREET ADDRESS	692 N.W. 30TH AVENUE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, BILL	
STREET ADDRESS	203 E. SILVER SPRINGS BLVD.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, TONI	
STREET ADDRESS	1401 N.E. 2ND. STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JUDY	
STREET ADDRESS	601 S.E. 25TH AVENUE	
CITY-ST-ZIP	OCALA FL 34471	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY CATHERINE LANDT, ESQ	
1.3 STREET ADDRESS	230 NE 25th AVE, STE 200	
1.4 CITY-ST-ZIP	OCALA FL 34471	
2.1 TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BECKY SCHATT	
2.3 STREET ADDRESS	1301 SW 43 PL	
2.4 CITY-ST-ZIP	OCALA FL 34474	
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:

Mary Catherine Landt

3/3/97 (352) 3682242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063679

CR2E037 (9/96)