

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

110 N.W. 1ST AVE.
OCALA FL 34475
US

230 NE 25TH AVE.
200
OCALA FL 34470
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

59-3307924

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

**LANDT, MARY CATHERINE ESQ.
230 NE 25TH AVE.
STE. 200
OCALA FL 34470**

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

TITLE **P** ☐ DELETE
NAME **LANDT, MARY C. ESQ.**
STREET ADDRESS **230 NE 25 AVE., STE. 200**
CITY-ST-ZIP **OCALA FL**

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 **662 N.W. 30TH AVENUE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ DELETE
NAME **EVANS, BILL**
STREET ADDRESS **203 E. SILVER SPRINGS BLVD.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **VP** ☐ DELETE
NAME **SCHATT, BECKY**
STREET ADDRESS **1301 SW 43 PLACE**
CITY-ST-ZIP **OCALA FL**

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 **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **CASEY, JAMES T, M.D**
1.3 STREET ADDRESS **200 SE 17 STREET**
1.4 CITY-ST-ZIP **OCALA, FL 34471**

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 16 1998 8:00am
Secretary of State



CR2E037 (5/98)