

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 # N95000002135 (0)

1. Corporation Name

MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.



Principal Place of Business

POST OFFICE BOX 1330  
OCALA FL 34478

Mailing Address

POST OFFICE BOX 1330  
OCALA FL 34478

3. Date Incorporated or Qualified  
04/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Post Office Box 3203

4. FEI Number

59-3343726

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

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

RASCO, RUSSELL  
717 SW MARTIN LUTHER KING JR. AVENUE  
OCALA FL 34474

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

*Russell Rasco*

(NOTE: Registered Agent Signature required when reinstating)

DATE 2/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MONTGOMERY, MANDY  
STREET ADDRESS 2920 WEST SILVER SPRINGS BLVD.  
CITY-ST-ZIP Ocala FL 34475

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2800 SE Maricamp Rd  
Ocala FL 34471

TITLE ☐ DELETE

NAME SCHLEMMER, CHARLENE  
STREET ADDRESS 520 SE FORT KING STE. A-1  
CITY-ST-ZIP Ocala FL 34471

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D

TITLE ☐ DELETE

NAME WALKER, BERRISFORD  
STREET ADDRESS 7514 EAST BROYHILL PLACE  
CITY-ST-ZIP INVERNESS FL 34450

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D

TITLE ☐ DELETE

NAME RUBIN, ARTHUR  
STREET ADDRESS 1620 SO. LADERA TERRACE  
CITY-ST-ZIP INVERNESS FL 34452

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

300001761773  
-03/28/96--01110--003  
\*\*\*70.00

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

3-28-96

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:

*Charlene Schlemmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

352-732-4949

Daytime Phone #

CR2E037 (12/95)