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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002135 (0)**

1. Corporation Name

MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 3203
OCALA FL 34478

POST OFFICE BOX 3203
OCALA FL 34478-3203



3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

03/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, MANDY	
STREET ADDRESS	2800 SE MARICAMP ROAD	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHLEMMER, CHARLENE	
STREET ADDRESS	520 SE FORT KING STE. A-1	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, BERRISFORD	
STREET ADDRESS	7514 EAST BROYHILL PLACE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, ARTHUR	
STREET ADDRESS	1620 SO. LADERA TERRACE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Henry Ehlers	
1.3 STREET ADDRESS	2403 SE 17th St	
1.4 CITY-ST-ZIP	Ocala FL 34471	
2.1 TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas Slaymaker	
2.3 STREET ADDRESS	2250 IW Hwy 44	
2.4 CITY-ST-ZIP	Inverness FL 34450	
3.1 TITLE	Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mark DeBolt	
3.3 STREET ADDRESS	1314 SE 14th Ave	
3.4 CITY-ST-ZIP	Ocala FL 34471	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0088977**

CR2E037 (9/96)