

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>POST OFFICE BOX 9999 770945- OCALA FL 34479-0945</b>	Mailing Address <b>POST OFFICE BOX 9999 770945- OCALA FL 34479-0945</b>
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3. Date Incorporated or Qualified

**04/28/1995**

4. FEI Number

**59-3343726**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 PO Box 770945-  
Suite, Apt. #, etc.**

**26 PO Box 770945-  
Suite, Apt. #, etc.**

22 City & State

27 City & State

**23 Ocala FL**

**28 Ocala FL**

24 Zip Country

29 Zip Country

**34479-0945 Marion**

**34479-0945 Marion**

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

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>EHLERS, HENRY</b>	
STREET ADDRESS	<b>2403 S.E. 17TH ST.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SLAYMAKER, THOMAS</b>	
STREET ADDRESS	<b>2250 NW HWY 44</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEBOLT, MARK</b>	
STREET ADDRESS	<b>1314 S.E. 14TH AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(l), 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:

*Nancy A. [Signature]*

**2-6-98**

CR2E037 (10/97)