

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000002135****1. Entity Name**

MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.

**Principal Place of Business**

P O BOX 770945

OCALA  
344770945

FL

US

**Mailing Address**

P O BOX 770945

OCALA  
344770945

FL

US

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3343726**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**RASCO RUSSELL  
1761 S.E. 38 COURTOCALA  
34471

FL

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

**01/05/2001**

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	SD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34470
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition									
	D	SPINEY STEPHEN	230 NE 23 AVE OCALA FL 34470										
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition									
	T	SCHIEMMER CHARLENE	1111 NE 25 AVE OCALA FL 34470										
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
	SD	DEBOLT MARK	1314 S.E. 14TH AVE. OCALA FL										
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
	PD	EHLERS HENRY	2403 S.E. 17TH ST. OCALA FL										
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition									

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MORRIE DITTMAN**

P

**01/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)