

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002135

FILED
Jan 09, 2002
Secretary of State

Entity Name: MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

P O BOX 770945
OCALA, FL 344770945 US

New Principal Place of Business:

5664 S. W. 60TH AVEUNE
BUILDING 1
OCALA, FL 34477 US

Current Mailing Address:

P O BOX 770945
OCALA, FL 344770945 US

New Mailing Address:

5664 S. W. 60TH AVENUE
BUILDING 1
OCALA, FL 34477 US

FEI Number: 59-3343726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASCO, RUSSELL
1761 S.E. 38 COURT
OCALA, FL 34471

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DITTMAN, MORRIE
Address: 9840-R SW 88CT/RD
City-St-Zip: OCALA, FL 34481

Title: VPD () Delete
Name: DEBOLT, MARK
Address: 1314 S.E. 14TH AVE.
City-St-Zip: OCALA, FL

Title: TD () Delete
Name: LYNN, ROBERT
Address: 9116 SW 91ST CIRCLE
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: SPINEY, STEPHEN
Address: 230 NE 23 AVE
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: PERRY, RICHARD
Address: SUITE 303, ONE NE FIRST AVENUE
City-St-Zip: OCALA, FL 34470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LYNN, ROBERT
Address: 9116 SW 91ST CIRCLE
City-St-Zip: OCALA, FL 34481

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PERRY, RICHARD
Address: SUITE 303, ONE NE FIRST AVENUE
City-St-Zip: OCALA, FL 34470

Title: D () Change (X) Addition
Name: FISCHER, TED
Address: 3180 N. PINELAKE VILLAGE PLACE
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIE DITTMAN

PD

01/09/2002

Electronic Signature of Signing Officer or Director

Date