

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000003715

Entity Name: MENTAL WELLNESS COALITION OF MARION COUNTY, INC.

Current Principal Place of Business:

2553 EAST SILVER SPRINGS BLVD
OCALA, FL 34470

Current Mailing Address:

2553 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470 US

FEI Number: 87-0899947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMPSON, MARYANN
2553 EAST SILVER SPRINGS BLVD
OCALA, FL 34470 US

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: MARYANN SIMPSON

04/18/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name HERSEY, LESLEY
Address 9428 BAYMEADOWS ROAD, SUITE
320
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name RILEY-REYNOLDS, MEGHAN
Address 9428 BAYMEADOWS ROAD
SUITE 320
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name SIMPSON, MARYANN
Address 2553 EAST SILVER SPRINGS BLVD
City-State-Zip: Ocala FL 34470

Title DIRECTOR
Name CASTILLO, NANCY
Address 11250 OLD ST. AUGUSTINE ROAD
SUITE 15-314
City-State-Zip: JACKSONVILLE FL 32257

I hereby 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 all other like empowered.

SIGNATURE: MARYANN SIMPSON

TREASURER

04/18/2025

Electronic Signature of Signing Officer/Director Detail

Date