

**2022 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 BLVD  
OCALA, FL 34470**FEI Number:** 87-0899947**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCLEAN, CARALI  
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:**

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 T  
Name GEOHEGAN, STEVE  
Address 4505 SE 12TH PLACE  
City-State-Zip: OCALA FL 34471

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

Title VP  
Name BLANK, STEVE  
Address 6040 SW 117TH LANE ROAD  
City-State-Zip: OCALA FL 34476

Title D  
Name MCLEAN, CARALI  
Address 2553 EAST SILVER SPRINGS BLVD.  
City-State-Zip: OCALA FL 34470

Title DIRECTOR  
Name ADAMS, AYANA  
Address 5664 SW 60TH AVENUE  
City-State-Zip: OCALA FL 34474

*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:** CARALI MCLEAN**REGISTERED AGENT****03/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date