

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41047

Entity Name: ARC MARION FOUNDATION, INC.**Current Principal Place of Business:**2800 SE MARICAMP RD.
OCALA, FL 34471-5538**Current Mailing Address:**2800 SE MARICAMP RD.
OCALA, FL 34471-5538**FEI Number: 59-3246094****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CAMPBELL, ALLISON
2800 SE MARICAMP RD
OCALA, FL 34471 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	T
Name	DEIORIO, LAUREN
Address	2025 SE 73RD LOOP
City-State-Zip:	OCALA FL 34480

Title	PRESIDENT
Name	MAINES, CARMEN
Address	2830 SE 41ST PLACE
City-State-Zip:	OCALA FL 34480

Title	S
Name	ROBBINS, AMANDA
Address	1931 SE 25TH STREET
City-State-Zip:	OCALA FL 34471

Title	1ST VP
Name	HOLDER, DIANA
Address	1635 SW 1ST AVE
City-State-Zip:	OCALA FL 34471

Title	D
Name	SCHUCK, PHILIP
Address	412 NW 10TH STREET
City-State-Zip:	OCALA FL 34475

Title	2ND VP
Name	TAYLOR, WILLIAM
Address	2878 SW 172ND LAND ROAD
City-State-Zip:	OCALA FL 34473

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: LAUREN DEIORIO**TREASURER****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date