

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:37

DOCUMENT # 751686 (7)

1. Corporation Name
WITHLACOOCHEE AREA LEGAL SERVICES, INC.

Principal Place of Business: 20 SOUTH MAGNOLIA AVE. Ocala FL 34474
Mailing Address: 20 SOUTH MAGNOLIA AVE. Ocala FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1980	3a. Date of Last Report 02/07/1994
4. FEI Number 59-2013486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

OLHMAN, JONATHAN
901 NW 8TH AVENUE
SUITE D-5
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
81 Name Sharon O. Taylor
82 Street Address (P.O. Box Number is Not Acceptable) 13209 Old Crystal River Road
83 Brooksville, FL 34601
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Sharon O Taylor* (NOTE: Registered Agent signature required when re-registering) DATE: 1-17-95

12. OFFICERS AND DIRECTORS	
TITLE D	SIMPSON, DIANA 11 NORTH MAGNOLIA AVENUE OCALA FL 34470
TITLE D	BROOMFIELD, GLADSTONE A II 13850 SOUTH MAGNOLIA AVENUE OCALA FL 34474
TITLE P	OLHMAN, JONATHAN 901 NW 8TH AVE, #D-5 GAINESVILLE FL 32601
TITLE STD	TAYLOR, SHARON O 29 S. BROOKSVILLE AVENUE BROOKSVILLE FL 34605
TITLE VD	LONG, GLORIA 900 WOOD DRIVE BROOKSVILLE FL 34605
TITLE D	ACKERMAN, BRYCE 125 NE 1ST AVE, STE. #1 OCALA FL 32670

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	Colt R. Kirkland P. O. Box 1869 N/A Ocala, FL 34478 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE P	Sharon O. Taylor XXXXXXXXXXXX 13209 Old Crystal River Rd. Brooksville, FL XXXXX 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE STD	John Nelson 2218 West Highway 44 Inverness, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sharon O Taylor* DATE: 1-17-95 DAYTIME PHONE: 904 799 7718