

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # 751686 (7)
1. Corporation Name
WITHLACOCHEE AREA LEGAL SERVICES, INC.



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

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|--|--|
| 3. Date Incorporated or Qualified 03/24/1980 | 3a. Date of Last Report 01/30/1995 |
| 4. FEI Number 59-2013486 | Applied For <input type="checkbox"/> 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 |
| 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 | 2a. Mailing Address |
| 21 Suite, Apt. #, etc | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent TAYLOR, SHARON O. 13209 OLD CRYSTAL RIVER ROAD BROOKVILLE FL 34601 | 10. Name and Address of New Registered Agent 81 Name John Nelson 82 Street Address (P.O. Box Number is Not Acceptable) 2218 West Highway 44 83 84 City Inverness, FL 85 Zip Code 34450 |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE John A Nelson DATE **2/1/96**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-issuing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE SIMPSON, DIANA | 1 1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME 11 NORTH MAGNOLIA AVENUE | | 1 2 NAME William H. Hallman | |
| STREET ADDRESS OCALA FL 34470 | | 1 3 STREET ADDRESS 503 E. Jefferson St. | |
| CITY-ST-ZIP | | 1 4 CITY-ST-ZIP Brooksville, FL 34601 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE BROOMFIELD, GLADSTONE A II | 2 1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME 13850 SOUTH MAGNOLIA AVENUE | | 2 2 NAME Colt R. Kirkland | |
| STREET ADDRESS OCALA FL 34474 | | 2 3 STREET ADDRESS 4 S. E. Broadway Street | |
| CITY-ST-ZIP | | 2 4 CITY-ST-ZIP Ocala, FL 34474 | |
| TITLE STD | <input type="checkbox"/> DELETE NELSON, JOHN | 3 1 TITLE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME 2218 WEST HIGHWAY 44 | | 3 2 NAME John Nelson | |
| STREET ADDRESS INVERNESS FL | | 3 3 STREET ADDRESS 2218 West Highway 44 | |
| CITY-ST-ZIP | | 3 4 CITY-ST-ZIP Inverness, FL 34450 | |
| TITLE P | <input checked="" type="checkbox"/> DELETE TAYLOR, SHARON O. | 4 1 TITLE VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME 13209 OLD CRYSTAL RIVER RD. | | 4 2 NAME Gertrude Mobley | |
| STREET ADDRESS BROOKVILLE FL | | 4 3 STREET ADDRESS 820 South Main St. | |
| CITY-ST-ZIP | | 4 4 CITY-ST-ZIP Brooksville, FL 34601 | |
| TITLE VD | <input checked="" type="checkbox"/> DELETE LONG, GLORIA | 5 1 TITLE STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME 900 WOOD DRIVE | | 5 2 NAME Stephanie L. Mullins | |
| STREET ADDRESS BROOKSVILLE FL 34605 | | 5 3 STREET ADDRESS 2100 S. E. 17th St. | |
| CITY-ST-ZIP | | 5 4 CITY-ST-ZIP Ocala, FL 34470 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE ACKERMAN, BRYCE | 6 1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME 125 NE 1ST AVE, STE. #1 | | 6 2 NAME Sue Robbins | |
| STREET ADDRESS OCALA FL 32670 | | 6 3 STREET ADDRESS 21 North Main Avenue | |
| CITY-ST-ZIP | | 6 4 CITY-ST-ZIP Ocala, FL 34470 | |

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John A Nelson DATE **2/1/96** (904) 726-6129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)