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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 751686 (7)

1. Corporation Name

WITHLACOCHEE AREA LEGAL SERVICES, INC.



Principal Place of Business

Mailing Address

20 SOUTH MAGNOLIA AVE.
OCALA FL 34474

20 SOUTH MAGNOLIA AVE.
OCALA FL 34474-4151

3. Date Incorporated or Qualified
03/24/1980

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2013486

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, JOHN
2218 WEST HIGHWAY 44
INVERNESS FL 34450

81 Name

R. Colt Kirkland

82 Street Address (P.O. Box Number is Not Acceptable)

4 South Broadway Street

83

84 City

Ocala,

FL

85 Zip Code

34474

11. Pursuant to the provisions of Sections 617.0502 and 617.0504, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

R. A. Nelson

1/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HALLMAN, WILLIAM	
STREET ADDRESS	503 E. JEFFERSON STREET	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKLAND, COLT R.	
STREET ADDRESS	4 SOUTH BROADWAY STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JOHN	
STREET ADDRESS	2218 WEST HIGHWAY 44	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOBLEY, GERTRUDE	
STREET ADDRESS	820 SOUTH MAIN STREET	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MULLINS, STEPHANIE L.	
STREET ADDRESS	2100 S.E. 17TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, SUE	
STREET ADDRESS	21 NORTH MAIN AVENUE	
CITY-ST-ZIP	OCALA FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. Colt Kirkland	
1.3 STREET ADDRESS	4 S.E. Broadway Street	
1.4 CITY-ST-ZIP	Ocala, FL 34474	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Keith M. Schenck	
2.3 STREET ADDRESS	110 North Apopka Avenue	
2.4 CITY-ST-ZIP	Inverness, FL 34450	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. A. Nelson

1/13/97

Date

352-732-7218

Daytime Phone # 0085793

CR2E037 (9/96)