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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751686

1. Corporation Name

WITHLACOOCHEE AREA LEGAL SERVICES, INC.

Principal Place of Business

Mailing Address

20 SOUTH MAGNOLIA AVE.
 Ocala FL 34474

20 SOUTH MAGNOLIA AVE.
 Ocala FL 34474



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/24/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2013486

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKLAND, R. COLT
 4 S BROADWAY ST
 Ocala FL 34474

81 Name

Keith M. Schenck

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

110 North Apopka Avenue

83

84 City

Inverness

FL

85 Zip Code

34450

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

Keith M. Schenck
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	KIRKLAND, R. COLT	4 SE BROADWAY ST	OCCALA FL	<input checked="" type="checkbox"/>
D	KIRKLAND, COLT R.	4 SOUTH BROADWAY STREET	Ocala FL	<input checked="" type="checkbox"/>
VP	SCHENCK, KEITH M	110 N APOPKA AVE	INVERNESS FL 34450	<input type="checkbox"/>
P	MOBLEY, GERTRUDE	820 SOUTH MAIN STREET	BROOKSVILLE FL 34601	<input type="checkbox"/>
STD	MULLINS, STEPHANIE L.	2100 S.E. 17TH STREET	Ocala FL 34470	<input checked="" type="checkbox"/>
STD	ROBBINS, SUE	21 NORTH MAIN AVENUE	Ocala FL 34474	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VICE-PRESIDENT	LEE, HUGH	109 NORTH FLORIDA AVENUE #207	BUSHNELL, FL 33513-6156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY/TREASURER	PARES, SEGISMUNDO	4440 SE 36th AVENUE	Ocala, FL 34480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRESIDENT	SCHENCK, KEITH M.	110 APOPKA AVENUE	INVERNESS, FL 34450	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MOBLEY, GERTRUDE	820 SOUTH MAIN STREET	BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOARD MEMBER	WILLIAM H. HALLMAN	503 E. JEFFERSON STREET	BROOKSVILLE, FL 34601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BOARD MEMBER	SCOTT HAMEL	P. O. BOX 2138	Ocala, FL 34478-2138	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

Keith M. Schenck
 Signature Required

1/25/99

352-637-9891

CR2E037 (1/198)