

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90298 025 ****61.25

DOCUMENT # 751686

1. Entity Name

WITHLACOOCHEE AREA LEGAL SERVICES, INC.



Principal Place of Business

222 S W BROADWAY ST
OCALA FL 34474

Mailing Address

222 S W BROADWAY ST
OCALA FL 34474

90016543



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2013486**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAGGS, ANN MELINDA
101 S.W. 3RD ST
OCALA FL 34474

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ann Melinda Cragg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, HUGH	
STREET ADDRESS	109 N. FLORIDA AVE-#207	
CITY-ST-ZIP	BUSHNELL FL 33513-6156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARES, SEGISMUNDO	
STREET ADDRESS	4440 SE 36TH AVE.	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MASON, JOSEPH	
STREET ADDRESS	P O BOX 1900	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWTON, RUBY	
STREET ADDRESS	5345 SW 58TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DUNN, DARLENE	
STREET ADDRESS	1111 N E 25TH AVENUE SUITE 304	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMEL, SCOTT	
STREET ADDRESS	P.O. BOX 2138	
CITY-ST-ZIP	OCALA FL 34478-2138	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Hugh	
STREET ADDRESS	109 N. Florida Ave. #207	
CITY-ST-ZIP	Bushnell, FL 33513-6156	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snow, Daniel J.	
STREET ADDRESS	203 Courthouse Square	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mason, Joseph	
STREET ADDRESS	P. O. Box 1900	
CITY-ST-ZIP	Brooksville, FL 34605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Melinda Cragg

1/24/03

CR2E037 (10/02)