

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90232 043 \*\*\*\*61.25

**DOCUMENT # 751320**



1. Entity Name  
**THE WITHLACOOCHEE ROCKHOUNDS,  
INCORPORATED**

Principal Place of Business  
**%SENIOR CITIZENS CENTER  
CAVEHILL ROAD  
SPRING HILL, FL 34606**

Mailing Address  
**C/P RUTH BILICA  
2372 ROLLING VIEW DR  
SPRING HILL, FL 34606 US**

**60001908**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**387 MARTINA DR.**

Suite, Apt. #, etc.

01082006 Chg-NP CR2E037 (11/05)

City & State

City & State  
**SPRING HILL, FL**

4. FEI Number  
**59-2404623**

Applied For  
Not Applicable

Zip

Country

Zip  
**34609**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BILICA, RUTH G  
2372 ROLLING VIEW DR  
SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent

Name  
**JOHNSON, GERALD R.**

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

**387 MARTINA DR**

City  
**SPRING HILL** **FL** Zip Code  
**34609**

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

*Gerald R. Johnson*

**PRESIDENT**

**GERALD R. JOHNSON**

**1/14/06**

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

(NOTE: Registered Agent signature required when reconstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BILICA, RUTH  
2372 ROLLING VIEW DR  
SPRING HILL, FL 346067234** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GOTSMAN, ROBERT  
19584 MANECKE RD  
BROOKSVILLE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JOHNSON, GERALD  
387 MARTINA DR.  
SPRING HILL, FL 34609** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STEAD, AUDREY  
4165 GLADE RD  
SPRING HILL, FL 34606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BARKER, FLORA  
5650 W CROSSMOOR PL  
LECANTO, FL 34461** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BILICA, HARRY  
2372 ROLLING VIEW DR  
SPRING HILL, FL 346067234** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1221, DIANE  
6195 FABER DR.  
BROOKSVILLE, FL 34602** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JENSEN, ROBERT M.  
9111 PEMBERTON ST.  
SPRING HILL, FL 34608** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Ruth G. Billica* **RUTH G. BILICA**

**1/14/06**

**(352) 688-1406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #