

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 751320

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



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

Mailing Address
**387 MARTINA DR
SPRING HILL, FL 34609 US**



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2404623

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, GERALD R
387 MARTINA DR.
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000589802
01/18/07-80031-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	IZZI, DIANE
STREET ADDRESS	6195 FABER DR.
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	VP
NAME	GOTTSMAN, ROBERT
STREET ADDRESS	19584 MANECKE RD
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	P
NAME	JOHNSON, GERALD
STREET ADDRESS	387 MARTINA DR.
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	D
NAME	STEAD, AUDREY
STREET ADDRESS	4165 GLADE RD
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	JENSEN, ROBERT M
STREET ADDRESS	9111 PEMBERTON ST.
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	D
NAME	BILICA, HARRY
STREET ADDRESS	2372 ROLLING VIEW DR
CITY-ST-ZIP	SPRING HILL, FL 346067234

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JAN 07 352 688 7810

Date

Daytime Phone #