
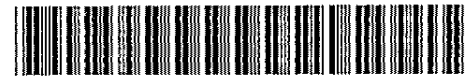


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N01000000501</b>  |         |    |         |
| 1. Entity Name<br><b>WCCM FLORIDA REGION, INC.</b>  |         |   |         |
| Principal Place of Business<br><b>46 N. WASHINGTON BLVD.<br/>STE. 27<br/>SARASOTA FL 34236</b>  |         | Mailing Address<br><b>46 N. WASHINGTON BLVD.<br/>STE. 27<br/>SARASOTA FL 34236</b>  |         |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><br><b>BROWNING, GEORGE III<br/>46 N WASHINGTON BLVD, STE 27<br/>SARASOTA FL 34236</b>   |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)  |         |   |         |



1st MOORE CR2E037 (10/06)  
4. FEI Number **65-1083281** Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>BEBAU, GENE R<br>2024 RIVER RD<br>JACKSONVILLE FL 32207 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000615490</b><br><b>02/06/07-80074-009 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VS<br>LODESKY, STEVE<br>369 PASCO COURT<br>WINTER HAVEN FL 33884 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>BROWNING, III, GEORGE<br>46 N WASHINGTON BLVD, #H27<br>SARASOTA FL 34236 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | S<br>G, BARBARA R<br>2024 RIVER RD<br>JACKSONVILLE FL 32207 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** George Browning III 1/30/07 941 366 2782  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #