


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008252
 1. Entity Name
 WAKULLA TAX ALERT, INC.



Principal Place of Business
 94 DRIFTWOOD DRIVE
 PANACEA, FL 32346

Mailing Address
 P.O. BOX 129
 PANACEA, FL 32346



01182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 65-1208316

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MOWREY, RONALD A
 515 N ADAMS ST
 TALLAHASSEE, FL 32301

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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)

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREELAND, ALAN
STREET ADDRESS	5415 SOMBRA DEL LAGO DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	V
NAME	REVELL, GUY
STREET ADDRESS	221 REVELL RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	S
NAME	HARVEY, DAVID
STREET ADDRESS	116 HARVEY YOUNG FARM RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	T
NAME	BROWN, STEVE
STREET ADDRESS	P.O. BOX 129
CITY-ST-ZIP	PANACEA, FL 32346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Steve Brown 1/18/05 850-984-2209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Phone #