

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002368

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** WHEELS OF MAN M.C. OF LEVY COUNTY INC.

**Current Principal Place of Business:**

7750 SE 196TH TERR.  
MORRISTON, FL 32668

**New Principal Place of Business:**

**Current Mailing Address:**

7750 SE 196TH TERR.  
MORRISTON, FL 32668

**New Mailing Address:**

**FEI Number:** 26-0462686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PITTMAN, DONALD L JR.  
20902 SW CARDINAL AVE.  
DUNNELLON, FL 34431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CACCAVONE, JOSEPH  
Address: 12990 SE 71ST ST.  
City-St-Zip: MORRISTON, FL 32688

Title: TD ( ) Delete  
Name: LAMA, TIMOTHY G  
Address: 1391 SW 182ND TERR.  
City-St-Zip: WILLISTON, FL 32696

Title: VP ( ) Delete  
Name: GORDON, IVAN P  
Address: 13506 N US HWY 27  
City-St-Zip: OCALA, FL 34482

Title: SD ( ) Delete  
Name: LENOX, KENNETH D  
Address: 1775 NW 116TH TERR  
City-St-Zip: OCALA, FL 34482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOYHY G. LAMA

TD

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date