

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90039 010 \*\*\*\*61.25

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<b>DOCUMENT # N07646</b> 1. Entity Name <b>WEST CENTRAL FLORIDA DRIVER IMPROVEMENT, INC.</b>					
Principal Place of Business <b>225 NE 14TH STREET OCALA, FL 32670</b>			Mailing Address <b>225 NE 14TH STREET OCALA, FL 32670</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2533366</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>REINCKE, BARBARA 225 NE 14TH STREET OCALA, FL 34470</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VAUGHN, STEPHEN</b> <b>PO BOX 1487</b> <b>MOUNT DORA, FL 32757</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Susan Sullivan</b> <b>13469 N. US HWY 441</b> <b>The Villages, FL 32159</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STANCIL, HALE</b> <b>225 E. MCCOLLUM AVE</b> <b>BUSHNELL, FL 33513</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Melisa Millitello</b> <b>4983 SW 36th Lane</b> <b>Ocala, FL 34474</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MORRIS, TIMOTHY</b> <b>9605 SILVERLAKE DRIVE</b> <b>LEESBURG, FL 34788</b>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKINNEY, RACHEL</b> <b>346 CR 231</b> <b>WILDWOOD, FL 24785</b>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCUTCHEON, JIM</b> <b>P.O. BOX 1767</b> <b>WILDWOOD, FL 34785</b>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SKIDMORE, THOMAS</b> <b>209 N FLORIDA</b> <b>BUSHNELL, FL 33513</b>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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.					
<b>SIGNATURE:</b> <i>Barbara Reincke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>1/26/05</i> Daytime Phone #: <i>352-622-6991</i>		