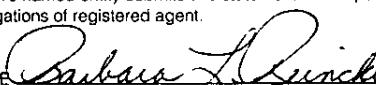
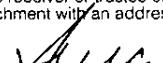


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 22, 2007 8:00 am
Secretary of State**

03-22-2007 90011 028 ****61.25

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DOCUMENT # N07646					
1. Entity Name WEST CENTRAL FLORIDA DRIVER IMPROVEMENT, INC.					
Principal Place of Business 225 NE 14TH STREET OCALA, FL 32670		Mailing Address 225 NE 14TH STREET OCALA, FL 32670			
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				7. Name and Address of New Registered Agent	
REINCKE, BARBARA 225 NE 14TH STREET OCALA, FL 34470				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL 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  Barbara Reincke, Executive Director		DATE 3/21/07			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME VAUGHN, STEPHEN STREET ADDRESS PO BOX 1487 CITY-ST-ZIP MOUNT DORA, FL 32757		Delete <input type="checkbox"/>		TITLE S/T NAME Sullivan, Susan STREET ADDRESS 13469 N. US Hwy 441 CITY-ST-ZIP The Villages, FL 32159	
TITLE VP NAME STANCIL, HALE STREET ADDRESS 225 E. MCCOLLUM AVE CITY-ST-ZIP BUSHNELL, FL 33513		Delete <input type="checkbox"/>		TITLE D NAME Morris, Timothy STREET ADDRESS 9605 Silver Lake Drive CITY-ST-ZIP Leesburg, FL 34788	
TITLE SP D NAME MORRIS, TIMOTHY STREET ADDRESS 9605 SILVERLAKE DRIVE CITY-ST-ZIP LEESBURG, FL 34788		Delete <input type="checkbox"/>		TITLE D NAME Hawkins, Sandy STREET ADDRESS 19 NW Pine Avenue CITY-ST-ZIP Ocala, FL 34475	
TITLE DR ST NAME SULLIVAN, SUSAN STREET ADDRESS 13469 NORTH US HIGHWAY 441 CITY-ST-ZIP THE VILLAGES, FL 32159		Delete <input type="checkbox"/>		TITLE D NAME Miller, Gary STREET ADDRESS 14850 SE 24 Street Road CITY-ST-ZIP Ocklawaha, FL 32179	
TITLE D NAME MCCUTCHEON, JIM STREET ADDRESS P.O. BOX 1767 CITY-ST-ZIP WILDWOOD, FL 34785		Delete <input type="checkbox"/>		TITLE D NAME Rivera, Robert STREET ADDRESS 204 NW 3 Avenue CITY-ST-ZIP Ocala, FL 34475	
TITLE D NAME SKIDMORE, THOMAS STREET ADDRESS 209 N FLORIDA CITY-ST-ZIP BUSHNELL, FL 33513		Delete <input type="checkbox"/>		Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:  Susan Sullivan		Date 3/20/07		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					