


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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	4. FEI Number 59-2533366	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
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 		
			State 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 <u><i>Barbara Reincke</i></u> Barbara Reincke, Executive Director <u>3/21/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	<input type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, STEPHEN		NAME	Sullivan, Susan	
STREET ADDRESS	PO BOX 1487		STREET ADDRESS	13469 N. US Hwy 441	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	The Villages, FL 32159	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANCIL, HALE		NAME	Morris, Timothy	
STREET ADDRESS	225 E. MCCOLLUM AVE		STREET ADDRESS	9605 Silver Lake Drive	
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	ST D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, TIMOTHY		NAME	Hawkins, Sandy	
STREET ADDRESS	9605 SILVERLAKE DRIVE		STREET ADDRESS	19 NW Pine Avenue	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Ocala, FL 34475	
TITLE	D ST	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, SUSAN		NAME	Miller, Gary	
STREET ADDRESS	13469 NORTH US HIGHWAY 441		STREET ADDRESS	14850 SE 24 Street Road	
CITY-ST-ZIP	THE VILLAGES, FL 32159		CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCUTCHEON, JIM		NAME	Rivera, Robert	
STREET ADDRESS	P.O. BOX 1767		STREET ADDRESS	204 NW 3 Avenue	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	Ocala, FL 34475	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SKIDMORE, THOMAS		NAME		
STREET ADDRESS	209 N FLORIDA		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
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: <u><i>Susan Sullivan</i></u> Susan Sullivan <u>3/20/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60027297



03162007 Chg-NP CR2E037 (12/06)

**\$8.75 Additional
Fee Required**