

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07646

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** WEST CENTRAL FLORIDA DRIVER IMPROVEMENT, INC.

**Current Principal Place of Business:**

225 NE 14TH STREET  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

225 NE 14TH STREET  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 59-2533366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REINCKE, BARBARA  
225 NE 14TH STREET  
OCALA, FL 34470 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: P  
Name: VAUGHN, STEPHEN  
Address: 601 N. MCDONALD ST  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP  
Name: STANCIL, HALE  
Address: 225 E. MCCOLLUM AVE  
City-St-Zip: BUSHNELL, FL 33513

Title: D  
Name: MORRIS, TIMOTHY  
Address: 9605 SILVERLAKE DRIVE  
City-St-Zip: LEESBURG, FL 34788

Title: ST  
Name: SULLIVAN, SUSAN  
Address: 4129 CR 106  
City-St-Zip: OXFORD, FL 34484

Title: D  
Name: KAUTZ, SANDY  
Address: 10200 SE 132 PLACE  
City-St-Zip: BELLEVIEW, FL 34420

Title: D  
Name: MILLER, GARY  
Address: 14850 SE 24 STREET ROAD  
City-St-Zip: OCKLAWAHA, FL 32179

I hereby 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 all other like empowered.

SIGNATURE: SUSAN SULLIVAN

ST

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date