

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17939

FILED
Apr 14, 2009
Secretary of State

Entity Name: WITHLACOOCHEE WORK FORCE DEVELOPMENT AUTHORITY, INC.

Current Principal Place of Business:

2703 N.E. 14TH STREET
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

2703 N.E. 14TH STREET
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-2871179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERMER, ROBERT A
8585 SW HWY 200, SUITE 9
OCALA, FL 34481 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 () Delete
Name: FANTE, CHERYL
Address: P.O. BOX 1388
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: FONTAINE, JANE
Address: 1721 SE 16TH AVE #103
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: TODD, MIKE
Address: PO DRAWER 129
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: FRICKS, ROSEANN
Address: 1302 SE 25TH LOOP 101
City-St-Zip: OCALA, FL 34471

Title: PP () Delete
Name: HAYES, CHARLES
Address: CFCC P O BOX 1388
City-St-Zip: OCALA, FL 34478

Title: PP () Delete
Name: CLIFFORD, JO
Address: 3405 SW COLLEGE ROAD #113
City-St-Zip: OCALA, FL 34474

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:

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: BRIAN MORGAN

CFO

04/14/2009

Electronic Signature of Signing Officer or Director

Date