

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17939

**FILED**  
**Mar 22, 2011**  
**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: PP  
Name: FANTE, CHERYL  
Address: P.O. BOX 1388  
City-St-Zip: Ocala, FL 34478

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

Title: P  
Name: TESCH, PETE  
Address: P.O. BOX 459  
City-St-Zip: Ocala, FL 34478

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

Title: D  
Name: HAYES, CHARLES  
Address: CFCC P O BOX 1388  
City-St-Zip: Ocala, FL 34478

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 ROBERTS

EVP

03/22/2011

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

\_\_\_\_\_  
Date