

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

97 JUL -9 AM 9:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N31036 (9)**

1. Corporation Name  
**WORKERS' COMPENSATION ANONYMOUS, INC.**



Principal Place of Business Mailing Address  
**P O DRAWER 16007 JACKSONVILLE FL 32245-6007**

3. Date Incorporated or Qualified **03/07/1989** 3a. Date of Last Report **07/17/1996**  
 4. FEI Number **59-2991199** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**GILLILAND, JAMES E.**  
**7211 CRANE AVE**  
**STE #3**  
**JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent  
 81 Name **Gilliland, James E**  
 82 Street Address (P.O. Box Number is Not Acceptable) **7642 Eaton Ave**  
 83  
 84 City **Jacksonville** FL 85 Zip Code **32211**

11. Pursuant to the provisions of Sections 617.0502 and 617.1598, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *James E. Gilliland* DATE **7-13-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GILLILAND, JAMES E.</b>	
STREET ADDRESS	<b>7211 CRANE AVE #3</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SZEKELY, JAMES L.</b>	
STREET ADDRESS	<b>10117 N. OLA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SOKOLSKY, KEITH</b>	
STREET ADDRESS	<b>350 ELDRIDGE AVE.</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>James E. Gilliland</b>	
1.3 STREET ADDRESS	<b>7642 Eaton Ave</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gloria D. Kadd</b>	
3.3 STREET ADDRESS	<b>6225 Citroen Dr</b>	
3.4 CITY-ST-ZIP	<b>Sebring, FL 33872</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>800002237658--8</b>	
4.4 CITY-ST-ZIP	<b>-07/14/97--01163--011</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)