

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90278 001 ***122.50

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1. Entity Name
WITHLACOOCHIE RIVER ELECTRIC CARES, INC.



Principal Place of Business
14651 21ST ST
DADE CITY, FL 33525 US

Mailing Address
P.O. BOX 278
DADE CITY, FL 33526

66003928



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3141822

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, BILLY E.
14651 21ST ST
DADE CITY, FL 33523

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLE, CHESTER V	
STREET ADDRESS	130 HEIGHTS AVE	
CITY - ST - ZIP	INVERNESS, FL 34452	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEE, CHARLOTTE W	
STREET ADDRESS	26312 ROLLING ACRES DR	
CITY - ST - ZIP	BROOKSVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERWILER, JR., FRANK	
STREET ADDRESS	3081 WATERFALL DR	
CITY - ST - ZIP	SPRING HILL, FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNETT, ROBERT J.	
STREET ADDRESS	7261 RED OAK LOOP	
CITY - ST - ZIP	NEW PORT RICHEY, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MULLIGAN, GERALD	
STREET ADDRESS	1624 N. MEADOWCREST BLVD	
CITY - ST - ZIP	CRYSTAL RIVER, FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	10394 WALLIEN DRIVE	
CITY - ST - ZIP	BROOKSVILLE, FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Charlotte W. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 2007
Date

Daytime Phone #