

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49897

FILED
Apr 24, 2009
Secretary of State

Entity Name: WITHLACOOCHEE RIVER ELECTRIC CARES, INC.

Current Principal Place of Business:

14651 21ST ST
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 278
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 59-3141822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, BILLY E.
14651 21ST ST
DADE CITY, FL 33523 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: COLE, CHESTER V
Address: 130 HEIGHTS AVE
City-St-Zip: INVERNESS, FL 34452

Title: SD () Delete
Name: LEE, CHARLOTTE W
Address: 26312 ROLLING ACRES DR
City-St-Zip: BROOKSVILLE, FL

Title: D () Delete
Name: GIAMMARCO, ROBERT
Address: 143 RANDOLPH AVE.
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: ARNETT, ROBERT J.
Address: 7261 RED OAK LOOP
City-St-Zip: NEW PORT RICHEY, FL

Title: VP () Delete
Name: MULLIGAN, GERALD
Address: 1624 N. MEADOWCREST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: SMITH, CHARLES
Address: 10394 WALLIEN DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

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:

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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: BILLY E. BROWN

MGR

04/24/2009

Electronic Signature of Signing Officer or Director

Date