2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

DOCUMENT# N49897

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
Name: COLE, CHESTER V
Address: P.O. BOX 278
City-St-Zip: DADE CITY, FL 33526

Title: S
Name: LEE, CHARLOTTE W
Address: P.O. BOX 278
City-St-Zip: DADE CITY, FL 33526

Title: D
Name: GIAMMARCO, ROBERT
Address: P.O. BOX 278
City-St-Zip: DADE CITY, FL 33526

Title: D
Name: ARNETT, ROBERT J.
Address: P.O. BOX 278
City-St-Zip: DADE CITY, FL 33526

Title: VP
Name: MULLIGAN, GERALD
Address: P.O. BOX 278
City-St-Zip: DADE CITY, FL 33526

Title: T
Name: SMITH, CHARLES
Address: P.O. BOX 278
City-St-Zip: DADE CITY, FL 33526

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: BILLY E. BROWN EVP 04/07/2011
Electronic Signature of Signing Officer or Director Date