

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001997 (6)

1. Corporation Name

**WITHLACOOCHEE WORK FORCE DEVELOPMENT AUTHORITY C
LIENT SERVICES CORPORATION**



Principal Place of Business

Mailing Address

506 SW PINE AVE
OCALA FL 33474-4296

506 SW PINE AVE
OCALA FL 33474-4296

3. Date Incorporated or Qualified
04/29/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3178092

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEAN, H E
230 NE 25TH AVE
OCALA FL 34470**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 office of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: Speed of printed name of registered agent and state it above title

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **JOE WARD,**
STREET ADDRESS **ROUTE 3, BOX 342 N/A**
CITY - ST - ZIP **TRENTON FL 32693**

11 TITLE ☐ Change ☒ Addition
12 NAME **Jack Cowart**
13 STREET ADDRESS **RR1, Box 927**
14 CITY - ST - ZIP **Newberry, FL 32669**

TITLE **D** ☐ DELETE
NAME **CHARLES W. GILBERT,**
STREET ADDRESS **P.O. BOX 147 N/A**
CITY - ST - ZIP **BRONSON FL 32621**

21 TITLE ☐ Change ☒ Addition
22 NAME **Cory Pool**
23 STREET ADDRESS **11407 SE Hwy 301**
24 CITY - ST - ZIP **Belleview, FL 34420**

TITLE **D** ☒ DELETE
NAME **BAGLEY, NORMA**
STREET ADDRESS **100 E. DADE AVENUE**
CITY - ST - ZIP **BUSHNELL FL**

31 TITLE ☐ Change ☒ Addition
32 NAME **William Sembower**
33 STREET ADDRESS **130 Bushnell Plaza**
34 CITY - ST - ZIP **Bushnell, FL 33513**

TITLE **D** ☒ DELETE
NAME **BRETT WATTLES,**
STREET ADDRESS **2105 S.E. 32ND STREET**
CITY - ST - ZIP **OCALA FL 32670**

41 TITLE ☐ Change ☒ Addition
42 NAME **Leroy Smith**
43 STREET ADDRESS **2680 WC 476**
44 CITY - ST - ZIP **Bushnell, FL 33513**

TITLE **D** ☐ DELETE
NAME **GRAY, IVORY**
STREET ADDRESS **P.O. BOX 1317 N/A**
CITY - ST - ZIP **WILDWOOD FL 34785**

51 TITLE ☐ Change ☒ Addition
52 NAME **Elberta Ritchie**
53 STREET ADDRESS **700 Huey Street**
54 CITY - ST - ZIP **Wildwood, FL 32785**

TITLE **V** ☐ DELETE
NAME **THOMAS E. SKINNER JR,**
STREET ADDRESS **1705 BELMONTE AVENUE**
CITY - ST - ZIP **JACKSONVILLE FL 32207**

61 TITLE ☐ Change ☒ Addition
62 NAME **Lois Scott**
63 STREET ADDRESS **215 Market St, Rm 300**
64 CITY - ST - ZIP **Jacksonville, FL 32202-2885**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Thomas E. Skinner, Jr. Executive Vice-President

1/30/96

(352) 732-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime

Daytime Phone #

CR2E037 (12/95)