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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 02/07/1996

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

2. Principal Place of Business	2a. Mailing Address
21 2703 NE 14th Street	26 2703 NE 14th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ocala Florida	28 Ocala, Florida
24 Zip 34470 25 Country	29 Zip 34470 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Robert A. Stegmer
82 Street Address (P.O. Box Number Is Not Acceptable): 8585 SW St. Rd 200
83 Suite 9
84 City: Ocala, FL 85 Zip Code: 34481

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robert A. Stegmer ROBERT A. STEGMER 2/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	B P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COWART, JACK		1.2 NAME		
STREET ADDRESS	RR1 BOX 927		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	P	☐ Change ☐ Addition
NAME	CHARLES W. GILBERT ,		2.2 NAME	BOB Luther	
STREET ADDRESS	P.O. BOX 147 N/A		2.3 STREET ADDRESS	PO Bx 4050/ 112 n Magnolia Ave.	
CITY-ST-ZIP	BRONSON FL 32621		2.4 CITY-ST-ZIP	Ocala, FL 34478-4050	
TITLE	D	☒ DELETE	3.1 TITLE	S/T	☐ Change ☒ Addition
NAME	SEMBOWER, WILLIAM		3.2 NAME	Lois Scott	
STREET ADDRESS	130 BUSHNELL PLAZA		3.3 STREET ADDRESS	215 Market Street Room 300	
CITY-ST-ZIP	BUSHNELL FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32202-2885	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, LEROY		4.2 NAME	Fred Matthews	
STREET ADDRESS	2680 WC 476		4.3 STREET ADDRESS	RR 3 Bx 667	
CITY-ST-ZIP	BUSHNELL FL		4.4 CITY-ST-ZIP	Williston, FL 32696	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GRAY, IVORY		5.2 NAME	Lynne Brush	
STREET ADDRESS	P.O. BOX 1317 N/A		5.3 STREET ADDRESS	850 Hwy 41 S.	
CITY-ST-ZIP	WILDWOOD FL		5.4 CITY-ST-ZIP	Inverness, FL 34450	
TITLE	V	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	THOMAS E. SKINNER JR,		6.2 NAME	V Susan Roberts	
STREET ADDRESS	1705 BELMONTE AVENUE		6.3 STREET ADDRESS	2703 NE 14th Street	
CITY-ST-ZIP	JACKSONVILLE FL 32207		6.4 CITY-ST-ZIP	Ocala, FL 34470	

CR2E037 (9/96)

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.

SIGNATURE: Susan Roberts Susan Roberts 1/31/97