

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
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

2703 NE 14TH STREET
OCALA FL 34470
US

2703 NE 14TH STREET
OCALA FL 34470
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/29/1993

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

STEINER, ROBERT A
8585 SW ST RD 200
STE #9
OCALA FL 34481

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COWART, JACK
STREET ADDRESS RR1 BOX 927
CITY-ST-ZIP NEWBERRY FL

TITLE P ☒ DELETE

NAME LUTHER, BOB
STREET ADDRESS 112 N MAGNOLIA AVE
CITY-ST-ZIP Ocala FL

TITLE ST ☐ DELETE

NAME SCOTT, LOIS
STREET ADDRESS 215 MARKET STREET, ROOM 300
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME MATTHEWS, FRED
STREET ADDRESS RR 3 BOX 667
CITY-ST-ZIP WILLISTON FL

TITLE D ☒ DELETE

NAME BRUSH, LYNN
STREET ADDRESS 850 HWY 41 S
CITY-ST-ZIP INVERNESS FL

TITLE V ☐ DELETE

NAME ROBERTS, SUSAN
STREET ADDRESS 2703 NE 14TH STREET
CITY-ST-ZIP Ocala FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D. ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300002461033
-03/18/98--01083--011
***140.00

14. I 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

CR2E037 (1097)