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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000004866 (9)

1. Corporation Name

WILLISTON COMMUNITY RESOURCE ORGANIZATION, INC.



Principal Place of Business

Mailing Address

1025 NE 2 AVE  
WILLISTON FL 32696

P.O. BOX 489  
WILLISTON FL 32696-0489

3. Date Incorporated or Qualified  
10/03/1994

3a. Date of Last Report  
02/19/1996

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

4. FEI Number  
59-3283904

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

SEABROOK, AVIS Y  
1025 NE 2 AVE  
WILLISTON FL 32696

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE SDT  
NAME SEABROOK, AVIS Y.  
STREET ADDRESS 1025 NEW 2ND AVE.  
CITY- ST- ZIP WILLISTON FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE TOT  
NAME EDWARDS, CALVIN L  
STREET ADDRESS 1416 NE 1ST PL  
CITY- ST- ZIP WILLISTON FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE DT  
NAME BROWN, ELISHA  
STREET ADDRESS 1413 NE 1ST AVE  
CITY- ST- ZIP WILLISTON FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE DT  
NAME GREEN, OTIS  
STREET ADDRESS 138 NE 13TH ST  
CITY- ST- ZIP WILLISTON FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE VDT  
NAME CRAWFORD, LEVI  
STREET ADDRESS P.O. BOX 244 N/A  
CITY- ST- ZIP WILLISTON FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE CDT  
NAME BERNARD, VERNON  
STREET ADDRESS RTE 4 BOX 205 N/A  
CITY- ST- ZIP WILLISTON FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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: Calvin L. Edwards, Calvin L. Edwards TOT 3/19/97 528-0507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*0011905

CR2E037 (9/96)