

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004866 (9)**

1. Corporation Name

**WILLISTON COMMUNITY RESOURCE ORGANIZATION, INC.**



Principal Place of Business <b>1025 NE 2 AVE WILLISTON FL 32696</b>		Mailing Address <b>P.O. BOX 489 WILLISTON FL 32696</b>		3. Date Incorporated or Qualified <b>10/03/1994</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3283904</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SEABROOK, AVIS Y 1025 NE 2 AVE WILLISTON FL 32696</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number Is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDT	1.1 TITLE	
NAME	SEABROOK, AVIS Y.	1.2 NAME	
STREET ADDRESS	1025 NEW 2ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	
TITLE	TDT	2.1 TITLE	
NAME	EDWARDS, CALVIN L	2.2 NAME	
STREET ADDRESS	1416 NE 1ST PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	BROWN, ELISHA	3.2 NAME	
STREET ADDRESS	1413 NE 1ST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	GREEN, OTIS	4.2 NAME	
STREET ADDRESS	138 NE 13TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	4.4 CITY-ST-ZIP	
TITLE	VDT	5.1 TITLE	
NAME	CRAWFORD, LEVI	5.2 NAME	
STREET ADDRESS	P.O. BOX 244 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	5.4 CITY-ST-ZIP	
TITLE	CDT	6.1 TITLE	
NAME	BERNARD, VERNON	6.2 NAME	
STREET ADDRESS	RTE 4 BOX 205 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	6.4 CITY-ST-ZIP	

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: *Calvin L Edwards* 3/5/98

CR2E037 (10/97)