

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004866

1. Corporation Name

WILLISTON COMMUNITY RESOURCE ORGANIZATION, INC.

Principal Place of Business

1025 NE 2 AVE
WILLISTON FL 32696

Mailing Address

P.O. BOX 489
WILLISTON FL 32696

FILED
Mar 23, 1999 8:00 am
Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3283904	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent

SEABROOK, AVIS Y
1025 NE 2 AVE
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code FL 32696

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDT	1.1 TITLE	SDT
NAME	SEABROOK, AVIS Y.	1.2 NAME	SEABROOK, AVIS Y.
STREET ADDRESS	1025 NEW 2ND AVE.	1.3 STREET ADDRESS	1025 NE 2ND AVE.
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	TDT	2.1 TITLE	TDT
NAME	EDWARDS, CALVIN L	2.2 NAME	EDWARDS, CALVIN
STREET ADDRESS	1416 NE 1ST PL	2.3 STREET ADDRESS	3915 NE 217TH COURT
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	DT	3.1 TITLE	DT
NAME	BROWN, ELISHA	3.2 NAME	BROWN, ELISHA
STREET ADDRESS	1413 NE 1ST AVE	3.3 STREET ADDRESS	2250 NE 40TH PLACE
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP	WILLISTON, FL 3 6 32696
TITLE	DT	4.1 TITLE	DT
NAME	GREEN, OTIS	4.2 NAME	GREEN, OTIS
STREET ADDRESS	138 NE 13TH ST	4.3 STREET ADDRESS	4150 NE 205 AVE.
CITY-ST-ZIP	WILLISTON FL	4.4 CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	VDT	5.1 TITLE	VDT
NAME	CRAWFORD, LEVI	5.2 NAME	CRAWFORD, LEVI
STREET ADDRESS	P.O. BOX 244 N/A	5.3 STREET ADDRESS	2415 NE 200TH AVE.
CITY-ST-ZIP	WILLISTON FL	5.4 CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	CDT	6.1 TITLE	CDT
NAME	BERNARD, VERNON	6.2 NAME	BERNARD, VERNON
STREET ADDRESS	RTE 4 BOX 205 N/A	6.3 STREET ADDRESS	2113 NE 200TH AVE.
CITY-ST-ZIP	WILLISTON FL	6.4 CITY-ST-ZIP	WILLISTON, FL 32696

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, with all other like empowered.

SIGNATURE:

Vernon Bernard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 352.528-6370
Date Daytime Phone #

CR2E037 (11/98)