

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000004866**

Entity Name

**WILLISTON COMMUNITY RESOURCE ORGANIZATION, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90119 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**25 NE 2 AVE**  
**WILLISTON FL 32696****P.O. BOX 489**  
**WILLISTON FL 32696**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3283904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**SEABROOK, AVIS Y**  
**1025 NE 2 AVE**  
**WILLISTON FL 32696**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SDT	SEABROOK, AVIS Y.	1025 NEW 2ND AVE.	WILLISTON FL	<input type="checkbox"/>
TDT	EDWARDS, CALVIN L	1416 NE 1ST PL	WILLISTON FL	<input type="checkbox"/>
DT	BROWN, ELISHA	1413 NE 1ST AVE	WILLISTON FL	<input type="checkbox"/>
DT	GREEN, OTIS	138 NE 13TH ST	WILLISTON FL	<input type="checkbox"/>
VDT	CRAWFORD, LEVI	P.O. BOX 244 N/A	WILLISTON FL	<input type="checkbox"/>
CDT	BERNARD, VERNON	RTE 4 BOX 205 N/A	WILLISTON FL	<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

*Calvin L. Edwards* Calvin L. Edwards 1/17/02 (352) 528-3063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)