

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004866

FILED
Apr 27, 2005
Secretary of State

Entity Name: WILLISTON COMMUNITY RESOURCE ORGANIZATION, INC.

Current Principal Place of Business:

1025 NE 2 AVE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 489
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3283904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SDT () Delete
Name: SEABROOK, AVIS Y.
Address: 1025 NEW 2ND AVE.
City-St-Zip: WILLISTON, FL

Title: TDT () Delete
Name: EDWARDS, CALVIN L
Address: 1416 NE 1ST PL
City-St-Zip: WILLISTON, FL

Title: DT () Delete
Name: BROWN, ELISHA
Address: 1413 NE 1ST AVE
City-St-Zip: WILLISTON, FL

Title: DT () Delete
Name: GREEN, OTIS
Address: 138 NE 13TH ST
City-St-Zip: WILLISTON, FL

Title: VDT () Delete
Name: CRAWFORD, LEVI
Address: P.O. BOX 244 N/A
City-St-Zip: WILLISTON, FL

Title: CDT () Delete
Name: BERNARD, VERNON
Address: RTE 4 BOX 205 N/A
City-St-Zip: WILLISTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN EDWARDS

TDT

04/27/2005

Electronic Signature of Signing Officer or Director

Date