


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N94000004866 1. Entity Name WILLISTON COMMUNITY RESOURCE ORGANIZATION, INC.	
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Principal Place of Business 1025 NE 2 AVE WILLISTON, FL 32696	Mailing Address P.O. BOX 489 WILLISTON, FL 32696
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DO NOT WRITE IN THIS SPACE



03172007 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-3283904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SEABROOK, AVIS Y. 1025 NEW 2ND AVE. WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDT EDWARDS, CALVIN L 1416 NE 1ST PL WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, ELISHA 1413 NE 1ST AVE WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREEN, OTIS 138 NE 13TH ST WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CRAWFORD, LEVI P.O. BOX 244 N/A WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT BERNARD, VERNON RTE 4 BOX 205 N/A WILLISTON, FL

**DO NOT WRITE
IN THIS SPACE**

U000000699291
04/19/07-80036-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Calvin L Edwards 4/10/2007 352-528-3063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #