


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90046 033 \*\*\*\*61.25

<b>DOCUMENT # N95000004384</b>	
1. Entity Name FLORIDA SPRINGS UNIT #174 WBCCI, INC.	

Principal Place of Business 8251 NW 172ND LANE FANNING SPRINGS, FL 32693 US	Mailing Address 8251 NW 172ND LANE P O BOX 945 FANNING SPRINGS, FL 32693 US
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2. Principal Place of Business 20451 POWELL RD Suite, Apt. #, etc. #54	3. Mailing Address 20451 POWELL RD Suite, Apt. #, etc. #54
City & State DUNNELLON FL.	City & State DUNNELLON, FL
Zip 34431	Country USA

	
01102005 Chg-NP	CR2E037 (10/03)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIRE, BEVERLY A 8251 NW 172ND LANE FANNING SPRINGS, FL 32693	
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7. Name and Address of New Registered Agent Name FRANCES J. SCOTT Street Address (P.O. Box Number is Not Acceptable) 20451 POWELL RD #54 City DUNNELLON FL Zip Code 34431	
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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 Frances J. Scott  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREIVELDINGER, BRETT PRES. 2477 CLEWISTON STREET SPRING HILL, FL 34689 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, JOHN 1ST VP 4991 XE 44TH CIRCLE OCALA, FL 34480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KAMPE, OTTO 2ND VP 2204 NW 21ST PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIRE, BEVERLY A TREAS. 8251 NW 172ND LN TRENTON, FL 32693 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIS, TAYLOR DIR. 635 NW 125TH AVENUE OCALA, FL 34482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGUE, ALBERT DIR. 4583 N. ALLAMANDRA DRIVE OCALA, FL 34465 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLER, JOHN PRES. 4991 XE 44TH CIRCLE OCALA, FL 34480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAMPE, OTTO 1st VP. 2204 NW 21st PLACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY STONE 2nd VP. 16550 NE 104th St. ARCHER, FL 32618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCES J. SCOTT - TREAS. 20451 POWELL RD #54 DUNNELLON, FL 34431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: [Signature] 1/23/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #