


2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90037 009 ****61.25

DOCUMENT # N95000004384	
1. Entity Name FLORIDA SPRINGS UNIT #174 WBCCI, INC.	

Principal Place of Business 8454 SW 203 CT DUNNELLON FL 34431 US	Mailing Address 8454 SW 203 CT DUNNELLON FL 34431 US
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2. Principal Place of Business - No P.O. Box # 6 N. Columbus ST.	3. Mailing Address PO Box 789
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State BEVERLY HILLS FL	City & State HOMOSASSA SPRINGS FL
Zip 34465	Zip 34447
Country CITRUS	Country CITRUS

4. FEI Number NO-T APPLICABLE	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 SCOTT, FRANCES J 8454 SW 203RD CT DUNNELLON FL 34431

7. Name and Address of New Registered Agent Name WILLIAM SHAY Street Address (P.O. Box Number is Not Acceptable) 6 N. Columbus ST City BEVERLY HILLS FL Zip Code 34465

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 <i>William Shay</i> WILLIAM SHAY 3/26/07 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 Due By May 1, 2007	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-STATE-ZIP	P STONE, LARRY 10550 NE 104TH ST ARCHER FL 32618 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1V TAYLOR, LUIS 635 NW 125TH AVE OCALA FL 34482 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2V MEISTRELL, FRANK 8419 NORTH HUSKY AVE DUNNELLON FL 34433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T SCOTT, FRANCES J 20451 POWELL RD # 54 DUNNELLON FL 34431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCOTT, ALBERT 8454 SW 203RD CT DUNNELLON FL 34431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HAGUE, ALBERT DIR. 4583 N. ALLAMANDRA DRIVE OCALA FL 34465 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P TAYLOR, LOIS 635 NW 125TH AVE OCALA FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1V MEISTRELL, FRANK 8419 NORTH HUSKY AVE DUNNELLON FL 34431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2V SCHUMAN, DOROTHY 1548 NEWHOPE RD SPRING HILL FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T WILLIAM SHAY WILLIAM SHAY 6 N. Columbus ST BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MEISTRELL, SONJA 8419 N. HUSKY AVE DUNNELLON FL 34431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>William Shay</i> WILLIAM SHAY 3/26/07 3527465124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR