

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004384

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: FLORIDA SPRINGS UNIT #174 WBCCI, INC.

## Current Principal Place of Business:

6 N. COLUMBUS ST  
BEVERLY HILLS, FL 34465 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 789  
HOMOSASSA SPRINGS, FL 34447 US

## New Mailing Address:

FEI Number: 94-3447355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAY, WILLIAM  
6 N COLUMBUS ST  
BEVERLY HILLS, FL 34465 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: P ( ) Delete  
Name: MEISTELL, FRANK  
Address: 8419 NORTH HUSKY AVE  
City-St-Zip: DUNNELLON, FL 34431 US

Title: 1V ( ) Delete  
Name: SCHUMAN, DOROTHY  
Address: 1548 NEW HOPE RD  
City-St-Zip: SPRING HILL, FL 34606 US

Title: 2V ( ) Delete  
Name: KAMPE, MARY  
Address: 2204 NW 21ST PL  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: T ( ) Delete  
Name: SHAY, WILLIAM  
Address: 6 N.COLUMBUS ST  
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: D ( ) Delete  
Name: BARKSDALE, WALT  
Address: 7926 SW 8TH ST  
City-St-Zip: OCALA, FL 34474 US

Title: D (X) Delete  
Name: MEISTRELL, SONJA  
Address: 8419 N. HUSKY ST  
City-St-Zip: BEVERLY HILLS, FL 34465 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCHUMAN, DOROTHY  
Address: 1548 NEW HOPE RD  
City-St-Zip: SPRING HILL, FL 34606 US

Title: 1V (X) Change ( ) Addition  
Name: MEISTRELL, SONJA  
Address: 8419 N HUSKY ST  
City-St-Zip: DUNNELON, FL 34432 US

Title: 2V (X) Change ( ) Addition  
Name: ROBERT, GLANCY  
Address: 12143 SE 178TH ST  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: ( ) Change ( ) Addition  
Name:  
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 exemption stated 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 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: WILLIAM SHAY

TRS

01/25/2009

Electronic Signature of Signing Officer or Director

Date