

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90140 043 \*\*\*\*61.25

**DOCUMENT # N96000001643**

1. Entity Name  
**WREC EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business  
**14651 NORTH 21ST STREET  
DADE CITY, FL 33523 US**

Mailing Address  
**P O BOX 278  
DADE CITY, FL 33526 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3407203**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, BILLY E  
14651 NORTH 21ST STREET  
DADE CITY, FL 33523**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCHRADER, TERRANCE E**  
CITY-ST-ZIP **P.O. BOX 205  
SAN ANTONIO, FL 33576**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **BECHTELHEIMER, LEONA B**  
CITY-ST-ZIP **18168 PARSONS ROAD  
BROOKSVILLE, FL 34601**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HINES, JAMES E**  
CITY-ST-ZIP **29620 JOHNSTON ROAD  
DADE CITY, FL 33523**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **LITTLE, DESMOND G**  
CITY-ST-ZIP **9027 PENNANT COURT  
NEW PORT RICHEY, FL 34654**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **HUNNICUTT, JACK N JR.**  
CITY-ST-ZIP **13021 SOUTH OLD JONES ROAD  
FLORAL CITY, FL 34436**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **LITTLE, PAUL R**  
CITY-ST-ZIP **9027 PENNANT COURT  
NEW PORT RICHEY, FL 34654**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **MCBRIDE, CHARLES E III**  
CITY-ST-ZIP **19825 LEONARD ROAD  
LUTZ, FL 33549**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **OVERSTREET, CHARLES M**  
CITY-ST-ZIP **19825 LEONARD ROAD  
LUTZ, FL 33549**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HENGESBACH, ALAN F**  
CITY-ST-ZIP **6122 BEAR TRAIL  
WEEKI WACHI, FL 34607**

TITLE ☒ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **STRICKLAND, ROBERT W**  
CITY-ST-ZIP **10175 SOUTH PLYMOUTH TERRACE  
HOMOSASSA, FL 34448**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Billy E Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/08 (352) 567-5133**  
Date Daytime Phone #