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**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90044 001 \*\*\*\*61.25

0070374

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000006409**

1. Corporation Name

**WILLOWBRIDGE CENTER FOR HOLISTIC SERVICES, INC.**

Principal Place of Business

300 SE 34TH PLACE  
OCALA FL 34471

Mailing Address

300 SE 34TH PLACE  
OCALA FL 34471



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

59-3483610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

9. Name and Address of Current Registered Agent

NICODEMUS, SANDRA K

300 SE 34TH PLACE

OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**SANDRA NICODEMUS**

**4-23-99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE  
NAME **ROTFORE, JULIA K**  
STREET ADDRESS **300 SE 34TH PL**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **STD** ☐ DELETE  
NAME **KOHLER, DIXIE**  
STREET ADDRESS **2721 SE 8TH AVE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **PDC** ☐ DELETE  
NAME **NICODEMUS, SANDRA**  
STREET ADDRESS **300 SE 34TH PL**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☒ DELETE  
NAME **STAPLETON, DONNA**  
STREET ADDRESS **2300 SE 173RD AVE**  
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☒ DELETE  
NAME **HAMLEY, ELIZABETH**  
STREET ADDRESS **4075 S IVANHOE TERRACE**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **N** ☐ DELETE  
NAME **NICODEMUS, SANDRA K**  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
1.2 NAME **KEVIN PIERCY**  
1.3 STREET ADDRESS **3575 SE 110TH ST.**  
1.4 CITY-ST-ZIP **Belleview FL 34420**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
2.2 NAME **Christopher Glanzier**  
2.3 STREET ADDRESS **1734 SE 34TH AVE**  
2.4 CITY-ST-ZIP **OCALA FL 34471**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SANDRA NICODEMUS**

**4-23-99**

**(352) 732-6565**

Date

Daytime Phone #

CR2E037 (1198)