

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90051 026 \*\*\*\*61.25

**DOCUMENT # N98000005674**

1. Entity Name

CHARLES A. WHITEACRE MEMORIAL INC.



Principal Place of Business

23498 N.E. HWY 314  
SALT SPRINGS FL 32134

Mailing Address

P.O. BOX 5154  
SALT SPRINGS FL 32134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

23-7194057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSSICK, ANGELO R  
14053 NE 171 PL  
SALT SPRINGS FL 32134

7. Name and Address of New Registered Agent

Name Joanne O'Toole  
Street Address (P.O. Box Number is Not Acceptable)  
24830 N.E. 136<sup>th</sup> Lane  
SALT SPRINGS, FL 32134  
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 Joanne O'Toole

Signature, typed or printed name of registered agent and title if applicable.

Joanne O'Toole

(NOTE: Registered Agent signature required when reinstating)

3-26-04

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE PD  
NAME CHURCHILL, CATHERINE ☒ Delete  
STREET ADDRESS PO BOX 5054  
CITY-ST-ZIP FORT MC COY FL 32134

TITLE SVD  
NAME DOSS, JACQUELINE E ☐ Delete  
STREET ADDRESS PO BOX 5516  
CITY-ST-ZIP FORT MC COY FL 32134

TITLE TD  
NAME FOSSICK, ANGELO R ☒ Delete  
STREET ADDRESS PO BOX 5154  
CITY-ST-ZIP FORT MC COY FL 32134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres. ☒ Change ☐ Addition  
NAME Lynn Hannicutt  
STREET ADDRESS 24870 N.E. 127<sup>th</sup> St.  
CITY-ST-ZIP SALT SPRINGS, FL 32134

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

TITLE Treas. ☒ Change ☐ Addition  
NAME Joanne O'Toole  
STREET ADDRESS 24830 N.E. 136<sup>th</sup> Lane  
CITY-ST-ZIP SALT SPRINGS, FL 32134

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

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

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 exemption stated in Section 119.07(3)(i), 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: Joanne O'Toole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04

Date

352-685-3104

Daytime Phone #