

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90370 011 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

**O'TOOLE, JOANNE
24830 N.E. 136TH LANE
SALT SPRINGS FL 32134**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **P** ☒ Delete
NAME **HANNICUTT, LYNN**
STREET ADDRESS **24370 N.E. 127TH CT.**
CITY-ST-ZIP **SALT SPRINGS FL 32134**

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

TITLE **T** ☐ Delete
NAME **O'TOOLE, JOANNE**
STREET ADDRESS **24830 N.E. 136TH LANE**
CITY-ST-ZIP **SALT SPRINGS 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 **P** ☒ Change ☐ Addition
NAME **Doss, Jacqueline E.**
STREET ADDRESS **P.O. Box 5516**
CITY-ST-ZIP **Salt Springs, FL 32134**

TITLE **SVD** ☒ Change ☐ Addition
NAME **Becker, Jeannette F.**
STREET ADDRESS **15135 N.E. 242nd Ave**
CITY-ST-ZIP **Ft. McCoy, 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

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 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:

Joanne O'Toole

Joanne O'Toole, Trans.

Date

Daytime Phone #

3-26-06

352-685-3104