

**-2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

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

04-02-2008 90018 033 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

**23-7194057**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Crawford, Joanne**

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

**24830 N.E. 136th Lane**

City **Salt Springs**

**FL**

Zip Code **32134**

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 *Same agent - married in 2007*

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, 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

TITLE **P** ☒ Delete  
NAME **DOSS, JACQUELINE E**  
STREET ADDRESS **POB 5516**  
CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE **SVD** ☐ Delete  
NAME **BEELER, JEANETTE F**  
STREET ADDRESS **15135 NE 242ND AVE**  
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 **Loretta Beikstein**  
STREET ADDRESS **8465 N.E. 310th Ave**  
CITY-ST-ZIP **SALT SPRINGS FL 32134**

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

TITLE **T** ☐ Change ☐ Addition  
NAME **Crawford Joanne**  
STREET ADDRESS **24830 N.E. 136th 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 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 Crawford Joanne Crawford* *3-18-08* *352-685-3104*