

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41533

**Entity Name:** WPO FLORIDA, INC.

**Current Principal Place of Business:**

37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525

**Current Mailing Address:**

POST OFFICE BOX 2337  
DADE CITY, FL 33526 US

**FEI Number:** 59-3109865

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNSON, LEONARD H  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name MILLER, MARTIN  
Address 13925 58TH ST. N  
City-State-Zip: CLEARWATER FL 33760

Title SD  
Name EASON, BEN  
Address 576 W. DAVIS BLVD  
City-State-Zip: TAMPA FL 33606

Title PTD  
Name JOHNSON, LEONARD H  
Address 14552 MT ZION ROAD  
City-State-Zip: DADE CITY FL 33523

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONARD H. JOHNSON

**PRESIDENT**

**01/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date