
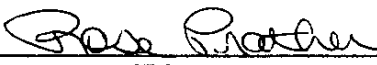
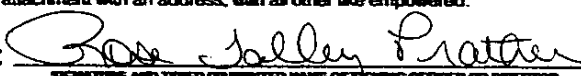


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90024 010 ****61.25

DOCUMENT # 727694					
1. Entity Name ECONFINA ESTATES PARK, INC.					
Principal Place of Business 7295 ECONFINA ESTATES ROAD YOUNGSTOWN, FL 32466			Mailing Address 7295 ECONFINA ESTATES ROAD YOUNGSTOWN, FL 32466		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7239 Econfina Estates Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Youngstown, FL 32466		4. FEI Number 59-1764992	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32466		Country Bay		6. Name and Address of Current Registered Agent	
6. Name and Address of Current Registered Agent CHAPLES, RONALD H 7272 ECONFINA ESTATES PARK RD YOUNGSTOWN, FL 32466				7. Name and Address of New Registered Agent	
				Name Rose Prather	
				Street Address (P.O. Box Number is Not Acceptable) 7239 Econfina Estates Road	
				City Youngstown	
				State FL	
				Zip Code 32466	
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 Rose Prather  4-2-08					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME CHAPLE, RONALD H	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Kristy Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7272 ECONFINA ESTATES ROAD	CITY-ST-ZIP YOUNGSTOWN, FL 32466		STREET ADDRESS 2320 Rolling Pines Road	CITY-ST-ZIP Chipley, FL 32428-3641	
TITLE VP	NAME MANN, WAYNE	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Leesa Coleman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7408 GREEN BRANCH ROAD	CITY-ST-ZIP YOUNGSTOWN, FL 32466		STREET ADDRESS 1102 Emory Drive	CITY-ST-ZIP Panama City, FL 32405	
TITLE S	NAME JURGONSKI, RUTH	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Susan Slonina	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7255 ECONFINA ESTATE ROAD	CITY-ST-ZIP YOUNGSTOWN, FL 32466		STREET ADDRESS 1122 Florida Avenue	CITY-ST-ZIP Lynn Haven, FL 32444	
TITLE T	NAME PRIDGEN, DAVE	<input checked="" type="checkbox"/> Delete	TITLE T	NAME Rose Talley Prather	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7308 LONE CEDAR DR	CITY-ST-ZIP YOUNGSTOWN, FL 32466		STREET ADDRESS 7239 Econfina Estates Road	CITY-ST-ZIP Youngstown, FL 32466	
TITLE D	NAME WRIGHT, GARY	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Robert Rhodes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7285 ECONFINA ESTATE ROAD	CITY-ST-ZIP YOUNGSTOWN, FL 32466		STREET ADDRESS 7266 Econfina Estates Road	CITY-ST-ZIP Youngstown, FL 32466	
TITLE P	NAME SMITH, KRISTI	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Bonnie Haddock	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2320 ROLLING PINES RD.	CITY-ST-ZIP CHIPLEY, FL 32428		STREET ADDRESS 7313 Lone Cedar Drive	CITY-ST-ZIP Youngstown, FL 32466	
12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 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:  4-2-08 850-7637696					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					