

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762050

(3)

1. Corporation Name

WAKULLA RIVER CLUB, INC.



Principal Place of Business

Mailing Address

RT 4 BOX 6150
CRAWFORDVILLE FL 32327

RT 4 BOX 6150
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified

02/22/1982

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 2 River Plantation Road

26 2 River Plantation Road

4. FEI Number

73-1174914

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Crawfordville, FL

28 Crawfordville, FL

Zip Country

Zip Country

24 32327

25

29 32327

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GODDARD, W. R., JR.
STREET ADDRESS 1000 ENERGY CENTER
CITY - ST - ZIP ARDMORE OK

TITLE VD ☐ DELETE
NAME WHITE, BRUCE E.
STREET ADDRESS RT 4 BOX 6194
CITY - ST - ZIP CRAWFORDVILLE FL 32327

TITLE STD ☐ DELETE
NAME GRAYSNECK, JOHN M.
STREET ADDRESS 1000 ENERGY CENTER
CITY - ST - ZIP ARDMORE OK

TITLE D ☐ DELETE
NAME PATRICK, CHRIS
STREET ADDRESS RT 4 BOX 6210
CITY - ST - ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ DELETE
NAME JONES, B. CALVIN
STREET ADDRESS RT 4 BOX 6106
CITY - ST - ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Goddard, W.R., Jr.
1.3 STREET ADDRESS 1000 Energy Center
1.4 CITY - ST - ZIP Ardmore, OK

2.1 TITLE DP ☐ Change ☒ Addition
2.2 NAME Lani Musgrove
2.3 STREET ADDRESS 283 River Plantation Road
2.4 CITY - ST - ZIP Crawfordville, FL 32327

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Michael DuBose
3.3 STREET ADDRESS 513 River Plantation Road
3.4 CITY - ST - ZIP Crawfordville, FL 32327

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME Ellen Davis
4.3 STREET ADDRESS 387 River Plantation Road
4.4 CITY - ST - ZIP Crawfordville, FL 32327

5.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME Ann Flanagan
5.3 STREET ADDRESS 688 River Plantation Road
5.4 CITY - ST - ZIP Crawfordville, FL 32327

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME William Edwards
6.3 STREET ADDRESS 63 River Plantation Road
6.4 CITY - ST - ZIP Crawfordville, FL 32327

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

Date

904-925-6191

Daytime Phone #

CR2E037 (12/95)