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Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762050** (3)

1. Corporation Name

WAKULLA RIVER CLUB, INC.

Principal Place of Business

Mailing Address

**2 RIVER PLANTATION ROAD
CRAWFORDVILLE FL 32327
US**

**2 RIVER PLANTATION ROAD
CRAWFORDVILLE FL 32327-1502
US**



3. Date Incorporated or Qualified **02/22/1982** 3a. Date of Last Report **03/18/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 73-1174914		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODDARD, W. R., JR.	1.2 NAME	James Hudson
STREET ADDRESS	1000 ENERGY CENTER	1.3 STREET ADDRESS	645 River Plantation Road
CITY-ST-ZIP	ARDMORE OK	1.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, BRUCE E.	2.2 NAME	Michael Du Bois
STREET ADDRESS	RT 4 BOX 6194	2.3 STREET ADDRESS	513 River Plantation Road
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAYSNECK, JOHN M.	3.2 NAME	Kathleen Drummond
STREET ADDRESS	1000 ENERGY CENTER	3.3 STREET ADDRESS	644 River Plantation Road
CITY-ST-ZIP	ARDMORE OK	3.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, CHRIS	4.2 NAME	Ellen Davis
STREET ADDRESS	RT 4 BOX 6210	4.3 STREET ADDRESS	387 River Plantation Road
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	4.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, B. CALVIN	5.2 NAME	Rhonda Traweek
STREET ADDRESS	RT 4 BOX 6108	5.3 STREET ADDRESS	449 River Plantation Road
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	5.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	DP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSGROVE, LANI	6.2 NAME	
STREET ADDRESS	283 RIVER PLANATATION ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Ellen Davis* *June 3, 1997*

CR2E037 (9/96)