FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:44

DOCUMENT # N13222 (7)

1. Corporation Name

THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC

Principal Place of Business	Mailing Address
C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON FL 32693	C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2877209 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BURT, THEODORE M.
114 NORTHEAST FIRST STREET
TRENTON FL 32693

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☐ Change ☐ Addition
NAME	CASEY, MIKE	1.2 NAME		
STREET ADDRESS	RR #3, BOX 380	1.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BEACH, ROBERT	2.2 NAME	DOUGLAS BEACH	
STREET ADDRESS	RR #3, BOX 55	2.3 STREET ADDRESS	P.O. BOX 281 NA	
CITY-ST-ZIP	TRENTON FL	2.4 CITY-ST-ZIP	TRENTON FL	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BRYANT, DALE	3.2 NAME	MARY ANN JOHNSON	
STREET ADDRESS	RR #1, BOX 1317	3.3 STREET ADDRESS	RR1 Box 1546	
CITY-ST-ZIP	TRENTON FL	3.4 CITY-ST-ZIP	TRENTON FL 32693	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	JOHNSON, MARY ANN	4.2 NAME	DARRELL SMITH	
STREET ADDRESS	RT 1 BOX 1546 NA	4.3 STREET ADDRESS	3660 NW CR 342	
CITY-ST-ZIP	TRENTON FL	4.4 CITY-ST-ZIP	BELL FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BEACH, DOUG	5.2 NAME	JOHN AYERS	
STREET ADDRESS	PO BOX 281 NA	5.3 STREET ADDRESS	2620 SW 82 LANE	
CITY-ST-ZIP	TRENTON FL	5.4 CITY-ST-ZIP	TRENTON FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Mary Ann Johnson 3-1-95 (904) 463-7341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030348