## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

N13222

(7)

THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC

									ATTRI TITLE TO BE	
Principal Place of Business Mailing Address						(881)#1 #81 118#8 1111# 11#1# 11#1#	1181 81811 91911 1	P: 4:1 PIE:1	37217 37311 1001	
C/O THEODORE M. BURT C/O THEODORE M. BURT										
114 NE 1ST :	ST (PO BOX 308)		114 NE 1ST ST (PO BOX 308)							
TRENTON FL	32693	TRENTON FL 320	TRENTON FL 32693			3. Date Incorporated or Qualified 3a. Date of Last Report			Report	
						01/29/1986	0.0	3/22/1	995	
2. Principal Pla	ace of Business	2a. Mailing Addres	s			4. FEI Number			Applied For	
21		26				59-2877209			Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
22		27	27							
City & State	)	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30					Florida Statutes Yes No				
	9. Name and Address of Cu	irrent Registered Agent		81 N		10. Name and Address of New Ro	egistered Ag	ent		
				-	Name					
BURT, THEODORE M.				82	Street Addres	dress (P.O. Box Number is Not Acceptable)				
114 NORTHEAST FIRST STREET										
TRENTO	N FL 32693			83						
				B4 (	Dity			85 Zi	p Code	
							<u> </u>	Щ		
11. Pursuant t	to the provisions of Sections 617.0	0502 and 617.1508, Florida Florida, Such change was a	Statutes, the about the control of t	ve-nan	ned corporat ation's board	on submits this statement for the pur of directors. I hereby accept the appo	pose of chan pintment as re	ging its i eqisterec	registered οπίζε   Lagent. Lam	
familiar wi	th, and accept the obligations of,	Section 617.0503, Florida S	atutes.	о.ро.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	Ü	
SIGNATURE.										
	Signature, typed or printed name of registered		(NOTE: Registered	Agent sig	griature required v		DATE CCDS AND I	NDECT/	)DC INI 10	
12.		S AND DIRECTORS	13. E 1.1 Te	71.5	k D	ADDITIONS/CHANGES TO OFF		Change	Addition	
TITLE	PD PD	T DELE X			SD	BBWT	L	Change	<b>X</b>	
NAME	CASEY, MIKE		1.2 N			, DENNIS			!	
STREET ADDRESS	RR #3, BOX 380			reet ad	4+11 +					
CITY-ST-ZIP	TRENTON, FL	<b>K</b> )DELE		ITY-ST-Z	New	berry, FL	· · · · · · · · · · · · · · · · · · ·	Change	X Addition	
TITLE	VD	Vinere			ŢD		_	1 O lange	713047047	
NAME	DE 1011, DUTUE 10		2.2 N			SPEARS, LAURA				
STREET ADDRESS	PO BOX 281 N/A			TREET AD	P. 0	. Box 1102				
CITY-ST-ZIP	TRENTON FL	DELE		TIY-ST-		nton, FL		] Change	Addition	
TITLE	XX PD		31 Id			_	X	1 21.01.90		
NAME	SMITH, DARRELL					Smith, Darrell				
STREET ADDRESS	3660 NW CR 342			TREET AD		660 NW CR 342				
CITY-ST-ZIP	BELL FL	<b>X</b> DELE		NTY-ST-	I	<del>Sell, Florida</del>	- г	1 Change	X Addition	
TITLE	TD AMERICAN MARY ANN	Mocre			Ψ.		_			
NAME	JOHNSON, MARY ANN		4.21		$_{norce}$ $\uparrow_{\Lambda D}$	D, ROGER				
STREET ADDRESS	RT 1 BOX 1546 NA			TREET AC	JURESS LIUR	D, RUGER	T-1-			
CITY-ST-ZIP	TRENTON FL	DELE		TY-ST-	ZIP NE	3rd St., Trenton	<del>ا با السوا</del>	1 Change	☐ Addition	
TITLE	XX VD	Linere			VD		ж.	Z		
NAME	AYERS, JOHN		52 N		Ay	ers, John				
STREET ADDRESS	2620 SW 82 LANE			TREET AC	DHESS 26	20 SW 82 Lane Tr	enton	FI.		
CITY-ST-ZIP	TRENTON FL	DELE		ITY-ST-	ZIP =			1 Change	X Addition	
TITLE		Phere			D		<u> </u>	_ J90	A	
NAME			6.2 N	IAME	nonroo HA	LEY, CLOUD				

621 NE 9th St., Trenton, FL

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 of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 33 if changed, or on an attachment with an address.

SIGNATURE: L

SIGNATURE AND TYPED ON PRIN THEODORE M. B RINTED NAME OF SIGNING OFFICER OR DIRECTOR Agent BURT, Registered Agent 4/12/94 352-463-2348