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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 01/29/1986

4. FEI Number: 59-2877209 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 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 _____ 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	~~SD~~	☐ DELETE	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	TEW, DENNIS		1.2 NAME	DENNIS C. TEW	
STREET ADDRESS	HWY 47		1.3 STREET ADDRESS	3449 SE 5th TRAIL	
CITY-ST-ZIP	NEWBERRY FL		1.4 CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	~~TD~~	☑ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~SPEARS, LAURA~~		2.2 NAME	STEVE LONG	
STREET ADDRESS	~~P O BOX 1102 N/A~~		2.3 STREET ADDRESS	1005 NW 17th Ave	
CITY-ST-ZIP	~~TRENTON FL~~		2.4 CITY-ST-ZIP	CHIEFland Fla 32626	
TITLE	~~PD~~	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, DARRELL		3.2 NAME	SMITH, DARRELL	
STREET ADDRESS	3660 NW CR 342		3.3 STREET ADDRESS	3660 N.W. CR. 342	
CITY-ST-ZIP	BELL FL		3.4 CITY-ST-ZIP	BELL, FL	
TITLE	~~D~~	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	LORD, ROGER		4.2 NAME	Roger A. Lord	
STREET ADDRESS	NE 3RD STREET		4.3 STREET ADDRESS	721 NE. 3rd ST	
CITY-ST-ZIP	TRENTON FL		4.4 CITY-ST-ZIP	Trenton FL. 32693	
TITLE	~~PD~~	☑ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~SMITH, ROY~~		5.2 NAME	SANDRA IDDINGS	
STREET ADDRESS	~~P O BOX 838, HWY 129~~		5.3 STREET ADDRESS	POBox 994 N/A	
CITY-ST-ZIP	~~BELL FL~~		5.4 CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	~~D~~	☐ DELETE	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	HALEY, CLOUD		6.2 NAME	HALEY, CLOUD	
STREET ADDRESS	621 NE 9TH STREET		6.3 STREET ADDRESS	621 N. E. 9TH STREET	
CITY-ST-ZIP	TRENTON FL		6.4 CITY-ST-ZIP	TRENTON, FL	

CR2E037 (10/97)

14. I 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: Dennis C. Tew 2/19/98 352 472-3750
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)