2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

DOCUMENT# N13222

Entity Name: THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC.

Current Principal Place of Business:

C/O THEODORE M. BURT
114 NE 1ST ST
TRENTON, FL 32693 US

New Principal Place of Business:

Current Mailing Address:

C/O THEODORE M. BURT
PO BOX 308
TRENTON, FL 32693 US

New Mailing Address:

C/O THEODORE M BURT
PO BOX 308
TRENTON, FL 32693 US

FEI Number: 59-2877209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LORD, ROGER
Address: 721 NE 3RD ST
City-St-Zip: TRENTON, FL 32693 US

Title: D
Name: GUTHRIE, SCOTT
Address: P.O. BOX 1781
City-St-Zip: TRENTON, FL 32693 US

Title: D
Name: SMITH, ROY
Address: P.O. BOX 838
City-St-Zip: TRENTON, FL 32693 US

Title: D
Name: SMITH, DARRELL
Address: PO BOX 727
City-St-Zip: BELL, FL 32619 US

Title: DST
Name: PARRISH, TERRY
Address: PO BOX 82
City-St-Zip: TRENTON, FL 32693 US

Title: D
Name: BRYANT, TODD
Address: 6600 SW 65TH ST
City-St-Zip: TRENTON, FL 32693 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROGER LORD P 04/05/2011

Electronic Signature of Signing Officer or Director Date