


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90099 035 ****61.25

DOCUMENT # 762050 1. Entity Name WAKULLA RIVER CLUB, INC.					
Principal Place of Business 2 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327 US			Mailing Address 2 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03152005 Chg-NP CR2E037 (10/03)	
4. FEI Number 73-1174914				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEPPERT, JACK WAKULA RIVER CLUB DR 2 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name DUNN, DWIGHT M. Street Address (P.O. Box Number is Not Acceptable) 46 RIVER PLANTATION ROAD City CRAWFORDVILLE FL Zip Code 32327		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>X <i>Dwight M. Dunn</i></u> <i>President</i> 3/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEPPERT, JACK 630 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPPERT, JACK 630 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, GLENN 199 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DUNN, DWIGHT M. 46 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLACK, B.R. 343 RIVER PLANTATION RD. CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D VELDKAMP, RUBY 9 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEEKS, JOHN 397 RIVER PLANTATION RD. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMBARTNER, ALVIN 591 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SASSON, RENEE 12 RIVER PLANTATION RD. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, RICHARD 271 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, JAN 390 RIVER PLANTATION RD. CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAKAC, GEORGE 402 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X <i>Dwight M. Dunn</i> 3/29/05 410-1718 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					