

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762050

Entity Name: WAKULLA RIVER CLUB, INC.**Current Principal Place of Business:**2 RIVER PLANTATION ROAD
CRAWFORDVILLE, FL 32327**Current Mailing Address:**2 RIVER PLANTATION ROAD
CRAWFORDVILLE, FL 32327 US**FEI Number:** 73-1174914**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEAVER, GEORGE E
284 RIVER PLANTATION RD
CRAWFORDVILLE, FL 32327-1500 US*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:** GEORGE WEAVER

04/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WEAVER, GEORGE
Address 284 RIVER PLANTATION RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER
Name JUART, ROBIN
Address 488 RIVER PLANTATION RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title VP
Name MATHERS, BETHANY
Address 397 RIVER PLANTATION RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name HOBBS, STEVE
Address 315 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title OFFICER
Name LICITRA, RONNIE
Address 82 RIVER COURT
City-State-Zip: CRAWFORDVILLE FL 32327

Title SECRETARY
Name STRICKLAND, DANIEL
Address 513 RIVER PLANTATION RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name MATHERS, TRENT
Address 397 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name DEVOSS, GORDON
Address 2 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

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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: KAYLA MCKEE**REGISTERED AGENT**

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	MANAGEMENT FIRM
Name	MCKEE, KAYLA
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301