

2024 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:**MCKEE, KAYLA
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:** KAYLA MCKEE

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CORNMAN, ADRIEL
Address 2 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT
Name CRAWFORD, ATHEY
Address 2 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title SECRETARY
Name GEERS, MARYANNE
Address 2 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title MANAGEMENT FIRM
Name MCKEE, KAYLA
Address 719 EAST PARK AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name COLE, RODNEY
Address 2 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER
Name SHIVER, SANDRA
Address 2 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name WILLIAMS, CAROL ANN
Address 2 RIVER PLANTATION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

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**MANAGER**

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date