

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008270

**Entity Name:** ZELLWOOD RECREATION AND ENTERTAINMENT FOUNDATION, INC.

**FILED  
Mar 01, 2015  
Secretary of State  
CC2666350090**

**Current Principal Place of Business:**

4253 PONKAN RD  
ZELLWOOD, FL 32798

**Current Mailing Address:**

MARVIN BARRETT  
PO BOX 194  
ZELLWOOD, FL 32798

**FEI Number: 45-5314627**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BARRETT, MARVIN  
5051 PALM DR  
ZELLWOOD, FL 32798 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name HEEKE, TIM  
Address 4208 ROUND LAKE RD.  
City-State-Zip: APOPKA FL 32712

Title TREA  
Name HEEKE, JODI  
Address 4208 ROUND LAKE RD  
City-State-Zip: APOPKA FL 32712

Title PRES  
Name BARRETT, MARVIN B  
Address 5051 PALM DR  
City-State-Zip: ZELLWOOD FL 32798

Title VP  
Name BIRKO, DAVID  
Address 2829 JUNCTION RD  
City-State-Zip: ZELLWOOD FL 32798

*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: MARVIN BARRETT**

**PRESIDENT**

**03/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date