

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008270

Entity Name: ZELLWOOD RECREATION AND ENTERTAINMENT
FOUNDATION, INC.**FILED**
Mar 19, 2017
Secretary of State
CC7243454995**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: No****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 DIRECTOR
Name HEEKE, TIM
Address 4208 ROUND LAKE RD.
City-State-Zip: APOPKA FL 32712Title TREASURER
Name HEEKE, JODI
Address 4208 ROUND LAKE RD
City-State-Zip: APOPKA FL 32712Title PRESIDENT
Name BARRETT, MARVIN B
Address 5051 PALM DR
City-State-Zip: ZELLWOOD FL 32798Title VP
Name BIRKO, DAVID
Address 2829 JUNCTION RD
City-State-Zip: ZELLWOOD FL 32798Title DIRECTOR
Name SHIVER, DENNY
Address 4253 PONKAN RD
City-State-Zip: ZELLWOOD FL 32798Title SECRETARY
Name WILKINS, JANICE
Address 4253 PONKAN 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****03/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date