

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001333

**Entity Name:** JOHN LAND APOPKA COMMUNITY TRUST, INC.**Current Principal Place of Business:**21 E THIRD STREET  
APOPKA, FL 32703**Current Mailing Address:**PO BOX 1837  
APOPKA, FL 32704 US**FEI Number:** 90-0712301**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASS II, EDWARD D  
21 E THIRD STREET  
APOPKA, FL 32703 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:** EDWARD D. BASS II

04/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICKETSON, JOHN E  
Address        21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title            SECRETARY  
Name            RANKIN, DAVID L  
Address        21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name            ADDISON, CLIFTON  
Address        21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title            TREASURER  
Name            BASS II, EDWARD D  
Address        21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name            YEAGER, SHREN  
Address        21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title            VP  
Name            ARROWSMITH, WILLIAM  
Address        21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name            MOORE, ASHLEY  
Address        21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name            MANLEY, ROBERT  
Address        21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

**Continues on page 2**

*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:** EDWARD D BASS II

TREASURER

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HINDEN, MICHELLE  
Address 21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name LAND, JOHNNY  
Address 21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name MCDERMOTT, LINDA  
Address 21 E THIRD STREET  
City-State-Zip: APOPKA FL 32703