

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13222

Entity Name: THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC.**Current Principal Place of Business:**709 SW 50TH AV
BELL, FL 32619**Current Mailing Address:**PO BOX 1102
TRENTON, FL 32693 US**FEI Number:** 59-2877209**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWNING, MICHAEL T
709 SW 50TH AV
BELL, FL 32619 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:** MICHAEL DOWNING

03/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	LORD, ROGER
Address	721 NE 3RD ST
City-State-Zip:	TRENTON FL 32693

Title	D
Name	GUTHRIE, SCOTT
Address	P.O. BOX 1781
City-State-Zip:	TRENTON FL 32693

Title	D
Name	SMITH, ROY
Address	P.O. BOX 838
City-State-Zip:	TRENTON FL 32693

Title	D
Name	SMITH, DARRELL
Address	PO BOX 727
City-State-Zip:	BELL FL 32619

Title	DST
Name	PARRISH, TERRY
Address	PO BOX 82
City-State-Zip:	TRENTON FL 32693

Title	D
Name	BRYANT, TODD
Address	6600 SW 65TH ST
City-State-Zip:	TRENTON FL 32693

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: SCOTT GUTHRIE**DIRECTOR**

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date