

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

DOCUMENT# N13222

**Entity Name:** THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC.

**Current Principal Place of Business:**

C/O THEODORE M. BURT  
403 EAST WADE STREET  
TRENTON, FL 32693

**Current Mailing Address:**

C/O THEODORE M BURT  
PO BOX 308  
TRENTON, FL 32693 US

**FEI Number:** 59-2877209

**Certificate of Status Desired:** No

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

BURT, THEODORE M ESQ.  
403 EAST WADE STREET  
TRENTON, FL 32693 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:** THEODORE M. BURT

04/20/2015

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:** ROGER LORD

P

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date