

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743379 (0)
1. Corporation Name
LAKE PANASOFFKEE RECREATION COMMITTEE, INC.

Principal Place of Business CR 459 P.O. BOX 1054 LAKE PANASOFFKEE FL 33538	Mailing Address CR 459 P.O. BOX 1054 LAKE PANASOFFKEE FL 33538
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip	22 Mailing Address Suite, Apt. #, etc. City & State Zip
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3. Date Incorporated or Qualified 06/26/1978
4. FEI Number 59-1837953
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**THORNTON, RANDALL N.
P.O. BOX 58, THUNDERBIRD PLAZA SHOPPING CH 2008 N. CR 470
LAKE PANASOFFKEE FL 33538**

10. Name and Address of ~~Old~~ Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LARSON, JEANNE	
STREET ADDRESS	C R 470	
CITY-ST-ZIP	LK PANASOFFKEE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHANDLER, VIRGIL	
STREET ADDRESS	CR 431A	
CITY-ST-ZIP	LK PANASOFFKEE3 FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHANDLER, CAROLYN	
STREET ADDRESS	C R 431A	
CITY-ST-ZIP	LK PANASOFFKEE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAMES, DOROTHY	
STREET ADDRESS	CR470	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Chandler, Treasurer **1/26/98** **352-793-8759**

CR2E037 (10/97)