FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	**FILED Jan 23, 1999 8:00am Secretary of State** 01-23-1999 90068 013 *****61.25

DOCUMENT # 743379

1. Corporation Name

LAKE PANASOFFKEE RECREATION COMMITTEE, INC.

Principal Place of Business	Mailing Address
CR 459 P.O. BOX 1054 LAKE PANASOFFKEE FL 33538	CR 459 P.O. BOX 1054 LAKE PANASOFFKEE FL 33538

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 06/26/1978	
21	26	4. FEI Number 59-1837953	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THORNTON, RANDALL N. P.O. BOX 58, 2008 N. CR 470 LAKE PANASOFFKEE FL 33538	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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP NAME LARSON, JEANNE STREET ADDRESS C R 470 CITY-ST-ZIP LK PANASOFFKEE, FL 00000	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE PD NAME CHANDLER, VIRGIL STREET ADDRESS CR 431A CITY-ST-ZIP LK PANASHOFFKE3 FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE TD NAME CHANDLER, CAROLYN STREET ADDRESS C R 431A CITY-ST-ZIP LK PANASOFFKEE, FL 00000	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE SD NAME JAMES, DOROTHY STREET ADDRESS CR470 CITY-ST-ZIP LAKE PANASOFFKEE FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _____, Treasurer 1/8/99 352-793-8759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E037 (11/98)