CORPORATION ANNUAL REPORT 1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744765 (9)

1. Corporation Name

BLACKWATER ACTIVITY CENTER, INC.

Principal Place of Business	Mailing Address
409 DIXIE ROAD MILTON FL 32570	409 DIXIE ROAD MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1978	3a. Date of Last Report: 08/03/1994
4. FEI Number: 59-1914606	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KIRKPATRICK, PEGGY J.
409 DIXIE ROAD
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name: Virginia Inman
82 Street Address (P.O. Box Number is Not Acceptable): 409 Dixie Road
83
84 City: Milton, FL 85 Zip Code: 32570

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	BOWMAN, ROBERT	12 NAME		
STREET ADDRESS	6436 LINDWOOD CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	BAGDAD FL 32570	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SINGLETARY, PETE	22 NAME		
STREET ADDRESS	7351 HIGHWAY 89	23 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	Board Director	☒ Change ☐ Addition
NAME	NORRIS, KITTY	32 NAME	Hugh Armstrong	
STREET ADDRESS	1659 SHIMMERING PINES	33 STREET ADDRESS	5442 Shamrock	
CITY-ST-ZIP	PACE FL 32571	34 CITY-ST-ZIP	Milton, FL 32570	
TITLE	TD	41 TITLE	Board Director	☒ Change ☐ Addition
NAME	PELLETIER, AL	42 NAME	Jane-Judy Miller	
STREET ADDRESS	203 PARK AVE SE	43 STREET ADDRESS	5774 Turluck Ave.	
CITY-ST-ZIP	MILTON FL 32570	44 CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WALLS, LEON	52 NAME		
STREET ADDRESS	5417 CAMILLE GARDENS ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	Assistant Director	☒ Change ☐ Addition
NAME	KIRKPATRICK, PEGGY J.	62 NAME	Virginia Inman	
STREET ADDRESS	409 DIXIE ROAD	63 STREET ADDRESS	409 Dixie Road	
CITY-ST-ZIP	MILTON FL 32970	64 CITY-ST-ZIP	Milton, FL 32570	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Virginia Inman 03-28-95 904 623-9320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Virginia Inman, Assistant Director

0072320