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FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

409 DIXIE ROAD
MILTON FL 32570

Mailing Address

409 DIXIE ROAD
MILTON FL 32570-65613. Date Incorporated or Qualified
10/31/19783a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1914606

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INMAN, VIRGINIA
409 DIXIE RD
MILTON FL 32570

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SINGLETARY, PETE
STREET ADDRESS 7351 HWY 89
CITY-ST-ZIP MILTON FL☐ DELETETITLE VD
NAME ARMSTRONG, HUGH
STREET ADDRESS 5442 SHAMROCK
CITY-ST-ZIP MILTON FL☐ DELETETITLE D
NAME MILLER, JANE J.
STREET ADDRESS 5774 TURLUCK AVE.
CITY-ST-ZIP MILTON FL☒ DELETETITLE D
NAME WALLS, LEON
STREET ADDRESS 5417 CAMILLE GARDENS ROAD
CITY-ST-ZIP MILTON FL 32570☒ DELETETITLE D
NAME INMAN, VIRGINIA
STREET ADDRESS 409 DIXIE ROAD
CITY-ST-ZIP MILTON FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Singletary, R.
1.3 STREET ADDRESS 7351 HWY 89
1.4 CITY-ST-ZIP Milton, FL☒ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE D.
3.2 NAME Ard, Oakland
3.3 STREET ADDRESS P.O. Box 55
3.4 CITY-ST-ZIP Jay, FL 32565 (N/A)☐ Change ☒ Addition4.1 TITLE SD
4.2 NAME Kittye Norris
4.3 STREET ADDRESS 5981 Shimmering Pines
4.4 CITY-ST-ZIP Pace, FL 32571☐ Change ☒ Addition5.1 TITLE ED
5.2 NAME Virginia Inman
5.3 STREET ADDRESS 409 Dixie Road
5.4 CITY-ST-ZIP Milton, FL 32570☒ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☒ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Singletary 1/27/97 904 623-8214

Date

Daytime Phone # 0074479

CP2E037 (9/96)