

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90041 041 ****70.00

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DOCUMENT # 744765

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/31/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1914606	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

INMAN, VIRGINIA
409 DIXIE RD
MILTON FL 32570

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGLETARY, R.	12 NAME	LaCoste, Jean
STREET ADDRESS	7351 HWY 89	13 STREET ADDRESS	409 Dixie Road
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	Milton, FL 32570
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, HUGH	22 NAME	Boyles, Robin
STREET ADDRESS	5442 SHAMROCK	23 STREET ADDRESS	6209 Pine Blossom Road
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP	Milton, FL 32570
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARD, OAKLAND	32 NAME	Walls, Leon
STREET ADDRESS	PO BOX 65 N/A	33 STREET ADDRESS	5417 Camille Gardens Road
CITY-ST-ZIP	JAY FL	34 CITY-ST-ZIP	Milton, FL 32570
TITLE	TSD <input type="checkbox"/> DELETE	41 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARVER, HERB	42 NAME	Clarkin, Victoria
STREET ADDRESS	7174 N. HWY 89	43 STREET ADDRESS	5535 Stewart Street
CITY-ST-ZIP	MILTON FL 32570	44 CITY-ST-ZIP	Milton, FL 32570
TITLE	ED <input checked="" type="checkbox"/> DELETE	51 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INMAN, VIRGINIA	52 NAME	Smith, Ann
STREET ADDRESS	409 DIXIE ROAD	53 STREET ADDRESS	5890 Cherokee Drive
CITY-ST-ZIP	MILTON FL	54 CITY-ST-ZIP	Milton, FL 32570
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE:

Jean LaCoste
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

850-623-9320

Daytime Phone #

CR2E037 (11/98)