

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90060 044 ****70.00

DOCUMENT # 744765

1. Entity 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
6225 Dixie Road

3. Mailing Address
6225 Dixie Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Milton, Florida

City & State
Milton, Florida

4. FEI Number **59-1914606**

Applied For
Not Applicable

Zip
32570 Country
Santa Rosa

Zip
32570 Country
Santa Rosa

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VICK, LINDA
409 DIXIE RD
MILTON FL 32570**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda Vick*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BOWMAN, ROBERT DR
5836 DEWEY ROAD
MILTON FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Harmon O. Massey
302 Elmira Street
Milton, FL 32572** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WHITE, ROMI
6333 HAMMOCK TRACE
MILTON FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Kaye White
8135 Jaime Drive
Milton, FL 32583** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SINGLETARY, PETE
7351 HWY 89
MILTON FL 32570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2nd VPD
Debbie Padgett
10210 Pond Road
Milton, FL 32583** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SMITH, ALICE
6425 SYCAMORE ST.
MILTON FL 32570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Paula Lou Mapoles
7150 Printers Alley
Milton, FL 32583** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Pam Davis
5300 Crystal Creek Drive
Pace, FL 32571** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Vick

542 63 (850) 623-2268

CR2E037 (10/02)