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FILED
Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769377** (3)
1. Corporation Name
RECREATION SITE DEVELOPMENT CORPORATION



Principal Place of Business 104 N. THOMAS STREET PLANT CITY FL 33566	Mailing Address 104 N THOMAS ST P.O. BOX 3518 PLANT CITY FL 33564 US
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3. Date Incorporated or Qualified 07/14/1983	
4. FEI Number 59-2493014	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 104 N. THOMAS ST. 27 Suite, Apt. #, etc. 28 City & State 29 PLANT CITY FL 30 Zip 31 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes as has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent EVANS, STEPHEN L 104 N. THOMAS STREET PLANT CITY FL 33566	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FIELD, PATRICK
STREET ADDRESS	2401 DORENE DRIVE
CITY - ST - ZIP	PLANT CITY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CALHOUN, RICHARD
STREET ADDRESS	301 NORTH DORT STREET
CITY - ST - ZIP	PLANT CITY FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	RODGERS, JAMES
STREET ADDRESS	1704 SOUTH GOLFVIEW
CITY - ST - ZIP	PLANT CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EVANS, STEPHEN L
STREET ADDRESS	104 N. THOMAS STREET
CITY - ST - ZIP	PLANT CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STEVENS, JAMES
STREET ADDRESS	903 PINEDALE DRIVE
CITY - ST - ZIP	PLANT CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FERRY, DAVID S.
STREET ADDRESS	1806 WOODSIDE
CITY - ST - ZIP	PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE **STEPHEN L EVANS** 3/30/98 (03) 752-1795

CR2E037 (10/97)