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FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004438 (5)
1. Corporation Name

LAKE MARTIN EPISCOPAL RETREAT, INC.



Principal Place of Business

Mailing Address

757 HIGHWAY 98 #14-261
DESTIN FL 32541

757 HIGHWAY 98 #14-261
DESTIN FL 32541

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

63-0892596

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOBLEY, FORREST C REV/DR
757 HIGHWAY 98 EAST #14-261
DESTIN FL 32541

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 *Forrest C. Mobley*
Signature, typed or printed name of registered agent and title if applicable

Forrest C. Mobley
(NOTE: Registered Agent signature required when reinstating)

4/28/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MOBLEY, FORREST C REV/DR
STREET ADDRESS 757 HIGHWAY 98 EAST #14-261
CITY-ST-ZIP DESTIN FL 32541

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME MOBLEY, NANCY MRS
STREET ADDRESS 757 HIGHWAY 98 EAST #14-261
CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME LANCE, WILLIAM DR
STREET ADDRESS 271 BRADLEY DRIVE
CITY-ST-ZIP FT COLLINS CO 30524

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VC ☐ DELETE
NAME ANDERSON, RUSSELL
STREET ADDRESS 2 CADE CIRCLE
CITY-ST-ZIP UNION SPRINGS AL 36069

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FLACK, HUNTER
STREET ADDRESS 8326 WYNLAKE BLVD
CITY-ST-ZIP MONTGOMERY AL 36117

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DRENNEN, MALLIE MRS
STREET ADDRESS 2801 HEATHERMORE RD
CITY-ST-ZIP BIRMINGHAM AL 35223

6.1 TITLE ☐ Change ☐ 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: *Forrest C. Mobley* 4/28/98 850
650-8000

CR2E037 (10/97)