

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03786 (3)

1. Corporation Name

RIVER SYSTEMS PRESERVATION, INC.



Principal Place of Business

Mailing Address

6550 STATE ROAD 13 NORTH
PACETTI'S MARINA CAMPGROUND & FISH RESORT
ORANGEDALE FL 32092

6550 STATE ROAD 13 NORTH
PACETTI'S MARINA CAMPGROUND & FISH RESORT
ORANGEDALE FL 32092

3. Date Incorporated or Qualified

06/21/1984

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2431401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. 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

PACETTI, PINKHAM
PACETTI'S MARINA CAMPGROUND & FISH RESORT
550 STATE RD. NO. 13 NORTH
ORANGEDALE FL 32092

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 No Change

Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE

NAME BEITEL, GEORGE
STREET ADDRESS 6550 STATE RD. NO 13 N
CITY-ST-ZIP ORANGEDALE FL 32092

TITLE VD ☒ DELETE

NAME WYAND, EUGENE
STREET ADDRESS 6550 STATE RD. NO 13 N
CITY-ST-ZIP ORANGEDALE FL 32092

TITLE TD ☐ DELETE

NAME FERRIS, WILLIAM D. JR.
STREET ADDRESS 6451 JACK WRIGHT IS RD
CITY-ST-ZIP ORANGEDALE FL 32092-1910

TITLE S ☐ DELETE

NAME BEAL, MERITA
STREET ADDRESS 5238 RIVER PARK VILLAS DR.
CITY-ST-ZIP ORANGEDALE FL 32092

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE VD ☐ Change ☒ Addition

12 NAME Beal, Thomas H.
13 STREET ADDRESS 5238 River Park Villas Dr.,
14 CITY-ST-ZIP Orangedale, FL 32092

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William D. Ferris Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 29, 1996 (904)284-2752

Date

Daytime Phone #

CR2E037 (12/95)