

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N05000004930**

1. Entity Name  
**WAKULLA STATION COMMUNITY DEVELOPMENT, INC.**



Principal Place of Business  
**90 MT. PLEASANT LANE  
CRAWFORDVILLE, FL 32327**

Mailing Address  
**90 MT. PLEASANT LANE  
CRAWFORDVILLE, FL 32327**

FILED  
2007 FEB -9 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3748225**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NORTON, ANNIE  
704 WOODVILLE HWY.  
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**500088056945**  
02/12/07--01052--001 \*\*\$1.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
STATEN, KENNETH  
326 STATEN RD.  
CRAWFORDVILLE, FL 32327**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ACKERMAN, LONNIE  
2378 PEACHTREE DR  
TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
NORTON, PATRICK  
704 WOODVILLE HWY.  
CRAWFORDVILLE, FL 32327**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
MANNING, ROBERT  
8406 GABBY LANE  
TALLAHASSEE, FL 32305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
TRIPLETT, JOSHUA  
46 GEORGE CRUMP RD.  
CRAWFORDVILLE, FL 32327**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**B 2/12/07**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**Robert S. Manning III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-07**  
Date

Daytime Phone # \_\_\_\_\_