FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:08

DOCUMENT # N06968 (4)

1. Corporation Name
MICANOPY AREA RECREATION CO-OPERATIVE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 203 MICANOPY FL 32667 US	P.O. BOX 203 MICANOPY FL 32667 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2932010 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status N/A ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AKIN, DEBRA
RT 2, BOX 299-7
MICANOPY, FL 32667

10. Name and Address of New Registered Agent

81 Name: Huggins Corday
82 Street Address (P.O. Box Number is Not Acceptable): ~~RR~~ CR 234 #17410
83
84 City: Micanopy FL 85 Zip Code: 32667

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Corday Huggins — Corday Huggins — 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President D ☒ Change ☐ Addition
NAME	HOOVER, SYLVIA	1.2 NAME	Esther Blair D
STREET ADDRESS	P.O. BOX 792	1.3 STREET ADDRESS	Rt 2 Box 117 N/A
CITY-ST-ZIP	MICANOPY FL	1.4 CITY-ST-ZIP	micanopy Fl 32667
TITLE	VPD	2.1 TITLE	vice President D ☒ Change ☐ Addition
NAME	VINCENT, LINDA	2.2 NAME	David moore N/A
STREET ADDRESS	P.O. BOX 525 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL 32667	2.4 CITY-ST-ZIP	micanopy, FL 32667
TITLE	SD	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	WILKERSON, ALMA LEE	3.2 NAME	Joy Raford D
STREET ADDRESS	P.O. BOX 203	3.3 STREET ADDRESS	P.O. Box 264 N/A
CITY-ST-ZIP	MICANOPY FL 32667	3.4 CITY-ST-ZIP	Micanopy, Fl 32667
TITLE	T	4.1 TITLE	Treasure ☒ Change ☐ Addition
NAME	AKIN, DEBRA	4.2 NAME	Corday Huggins
STREET ADDRESS	RT. 2 BOX 299-7	4.3 STREET ADDRESS	P.O. Box 334 N/A
CITY-ST-ZIP	MICANOPY FL	4.4 CITY-ST-ZIP	Micanopy, Fl 32667
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	RETURN BY MAY 1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Corday Huggins — 4-28-95 — 466-0038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Corday HUGGINS

0030274