

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06968 (4)
1. Corporation Name
MICANOPY AREA RECREATION CO-OPERATIVE, INC.



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

Mailing Address
**P.O. BOX 203
MICANOPY FL 32667
US**

3. Date Incorporated or Qualified
01/04/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 po Box 203
Suite, Apt. #, etc.
22 micanopy, FL
City & State
23 32667 US
Zip Country

2a. Mailing Address
26 PO Box 203
Suite, Apt. #, etc.
27 micanopy FL
City & State
28 32667 US
Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORDAY, HUGGINS
CR 234 & 17410
MICANOPY FL 32667**

10. Name and Address of New Registered Agent

81 Name
Carol Hill

82 Street Address (P.O. Box Number is Not Acceptable)
RT 2 Box 987

83 City
micanopy

84 State
FL

85 Zip Code
32667

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 **Carol Hill** **Carol Ruth Hill - Treasurer** **4-30-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BLAIR, ESTHER | |
| STREET ADDRESS | RT 2 BOX 117 | |
| CITY-ST-ZIP | MICANOPY FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | MOORE, DAVID | |
| STREET ADDRESS | P.O. BOX 525 N/A | |
| CITY-ST-ZIP | MICANOPY FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ALFORD, JOY | |
| STREET ADDRESS | P O BOX 267 / N/A | |
| CITY-ST-ZIP | MICANOPY FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | HUGGINS, CORDAY | |
| STREET ADDRESS | P O BOX 334 | |
| CITY-ST-ZIP | MICANOPY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | Carol Hill | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | RT 2 Box 987 | |
| 1.3 STREET ADDRESS | Micanopy FL 32667 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Shirley Blackwelder | |
| 2.3 STREET ADDRESS | 300 NE 2nd Ave | |
| 2.4 CITY-ST-ZIP | Micanopy, FL 32667 | |
| 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 | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Carol Hill | |
| 4.3 STREET ADDRESS | RT 2 Box 987 | |
| 4.4 CITY-ST-ZIP | Micanopy FL 32667 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 000001883370 | |
| 5.3 STREET ADDRESS | -07/03/96--01051--014 | |
| 5.4 CITY-ST-ZIP | ***61.25 | |
| 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 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: **Carol Hill** **Carol Ruth Hill** **4-30-96** **352-466-408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)