

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$0.25 (If DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.75)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

HILL, CAROL  
RT 2 BOX 987  
MICANOPY FL 32667

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: Carol Hill (Carol R. Hill)

(NOTE: Registered Agent signature required when reinstating)

9-26-98

12 OFFICERS AND DIRECTORS

TITLE PD [DELETE]

NAME BLAIR, ESTHER

STREET ADDRESS RT 2 BOX 117

CITY-STATE-ZIP MICANOPY FL

TITLE VPD [DELETE]

NAME BLACKWELDER, SHIRLEY

STREET ADDRESS 300 NE 2 AVE

CITY-STATE-ZIP MICANOPY FL 32667

TITLE SD [DELETE]

NAME THOMPSON, CATHY

STREET ADDRESS 1330 SE 33RD TERR

CITY-STATE-ZIP GAINESVILLE FL

TITLE T [DELETE]

NAME HILL, CAROL

STREET ADDRESS RT 2 BOX 987

CITY-STATE-ZIP MICANOPY FL 32667

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-STATE-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-STATE-ZIP [DELETE]

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: Carol Hill (Carol R. Hill)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Oct 08 1998 8:00am  
Secretary of State



3. Date Incorporated or Qualified

01/04/1985

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. 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

10. Name and Address of Now Registered Agent

CR2E037 (5/98)