


FILE NOW: FILING FEE IS \$61.25

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90003 007 ****61.25

615758 - 90003 - 7

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06968 ✓ 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		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/04/1985 4. FEI Number 59-2932010 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HILL, CAROL RT 2 BOX 987 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 84 City Micanopy 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 Hill 3-10-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BLAIR, ESTHER RT 2 BOX 117 MICANOPY FL VPD BLACKWELDER, SHIRLEY 300 NE 2 AVE MICANOPY FL 32667 SD THOMPSON, CATHY 1330 SE 33RD TERR GAINESVILLE FL T HILL, CAROL RT 2 BOX 987 MICANOPY FL 32667 DELETE DELETE DELETE DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD Michelle Sheffield 1.2 NAME 1.3 STREET ADDRESS PO Box 560 1.4 CITY-ST-ZIP Micanopy, FL 32667 2.1 TITLE VPD 2.2 NAME Joy A Ford 2.3 STREET ADDRESS PO Box 267 2.4 CITY-ST-ZIP Micanopy, FL 32667 3.1 TITLE SD 3.2 NAME Esther Blair 3.3 STREET ADDRESS RT 2 Box 117 3.4 CITY-ST-ZIP Micanopy, FL 32667 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition		

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-99 **352-466-4098**
Date Daytime Phone #

CR2E037 (1/98)