

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06968

FILED
Apr 30, 2004
Secretary of State

Entity Name: MICANOPY AREA RECREATION CO-OPERATIVE, INC.

Current Principal Place of Business:

P.O. BOX 203
MICANOPY, FL 32667 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 203
MICANOPY, FL 32667 US

New Mailing Address:

FEI Number: 59-2932010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, CAROL
253 NW 3RD AVE.
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, BOBBY
Address: 5150 160 ST
City-St-Zip: REDDICK, FL 32686

Title: VPD () Delete
Name: DORSEY, AL
Address: 22160 HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: TD () Delete
Name: HILL, CAROL
Address: 253 NW 3RD AVE.
City-St-Zip: MICANOPY, FL 32667

Title: S () Delete
Name: MANUNCY, KIM
Address: 17201 SE 26TH ST
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HEWITT, DOYLE
Address: 22160 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DORSEY, DANETTE
Address: 12014 SW 1ST ST
City-St-Zip: MICANOPY, FL 32667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL HILL

TD

04/30/2004

Electronic Signature of Signing Officer or Director

Date