

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06968

FILED  
May 12, 2005  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GOACHEE, JAMES C 3RD  
253 NW 3RD AVE.  
MICANOPY, FL 32667 US

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: JAMES C GOACHEE 3RD

05/12/2005

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: HEWITT, DOYLE  
Address: 22160 N 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: DORSEY, DANETTE  
Address: 12014 SW 1ST ST  
City-St-Zip: MICANOPY, FL 32667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SC (X) Change ( ) Addition  
Name: LAWRENCE, TONI  
Address: 21318 NW 106 CT/RD  
City-St-Zip: MICANOPY, FL 32667

Title: TR (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: JAMES C GOACHEE 3RD

DIR

05/12/2005

Electronic Signature of Signing Officer or Director

Date