

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 030 ****61.25

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # N13222					
1. Entity Name THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC.					
Principal Place of Business C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON, FL 32693			Mailing Address C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON, FL 32693		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2877209	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURT, THEODORE M 114 NORTHEAST FIRST STREET TRENTON, FL 32693			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORD, ROGER		NAME	Darrell Smith	
STREET ADDRESS	721 NE 3RD ST		STREET ADDRESS	PO Box 727	
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP	BELL, FL 32619	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, SCOTT		NAME		
STREET ADDRESS	P.O. BOX 1781		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROY		NAME		
STREET ADDRESS	P.O. BOX 838		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, ROBERT		NAME		
STREET ADDRESS	760 SW 150TH ST.		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRASH, JERRY		NAME		
STREET ADDRESS	PO BOX 82		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, TODD		NAME		
STREET ADDRESS	6600 SW 65TH ST		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		DIRECTOR		4-20-06 352-463-2010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

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THEODORE M. BURT, P.A.

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Trenton, Florida 32693

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Patti Lee Meeks

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April 20, 2006

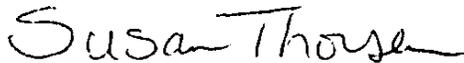
Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32614

Re: The Gilchrist County Recreational Authority, Inc.
FEI # 59-2877209

Gentlemen:

Enclosed please find the 2006 Annual Report, regarding the referenced corporation, together with a check in the amount of \$61.25.

Yours truly,



Susan Thorsen
Legal Assistant

/st

Enclosures: Report
Check

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ADULTS ONLY

FOR INFORMATION
PLEASE CONTACT THE
TALLAHASSEE DIVISION OF CORPORATIONS
AT (904) 498-2000