

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

400000



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2877209

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURT, THEODORE M
114 NORTHEAST FIRST STREET
TRENTON, FL 32693

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LORD, ROGER	
STREET ADDRESS	721 NE 3RD ST	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTHRIE, SCOTT	
STREET ADDRESS	P.O. BOX 1781	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROY	
STREET ADDRESS	P.O. BOX 838	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEACH, ROBERT	
STREET ADDRESS	760 SW 150TH ST.	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PARRASH, JERRY	
STREET ADDRESS	PO BOX 82	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, TODD	
STREET ADDRESS	6600 SW 65TH ST	
CITY-ST-ZIP	TRENTON, FL 32693	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darrell Smith	
STREET ADDRESS	PO Box 727	
CITY-ST-ZIP	BELL, FL 32619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4-20-06

352-463-2010

Date

Daytime Phone #

ATTACHMENT

40057595

1013222

THEODORE M. BURT, P.A.

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Trenton, Florida 32693

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April 20, 2006

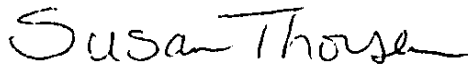
Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32614

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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