


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90003 050 \*\*\*\*61.25

<b>DOCUMENT # N13222</b> 1. Entity Name <b>THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC.</b>																																																																																																																										
Principal Place of Business <b>C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON, FL 32693</b>			Mailing Address <b>C/O THEODORE M. BURT 114 NE 1ST ST (PO BOX 308) TRENTON, FL 32693</b>																																																																																																																							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																								
City & State		City & State		4. FEI Number <b>59-2877209</b>																																																																																																																						
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																						
6. Name and Address of Current Registered Agent  <b>BURT, THEODORE M 114 NORTHEAST FIRST STREET TRENTON, FL 32693</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																						
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) DATE</small>																																																																																																																										
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																						
<b>Make check payable to Florida Department of State</b>																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LORD, ROGER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>721 NE 3RD ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRENTON, FL 32693</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUTHRIE, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1781</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRENTON, FL 32693</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, ROY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 838</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRENTON, FL 32693</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, DARRELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 727</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BELL, FL 32619</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PARRISH, TERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 82</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRENTON, FL 32693</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRYANT, TODD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6600 SW 65TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRENTON, FL 32693</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						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 type="checkbox"/> Delete	NAME	SMITH, DARRELL		STREET ADDRESS	PO BOX 727		CITY-ST-ZIP	BELL, FL 32619		TITLE	DST	<input type="checkbox"/> Delete	NAME	PARRISH, TERRY		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		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																										
<b>SIGNATURE:</b> _____ <i>Director</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																										
				<small>Date Daytime Phone #</small>																																																																																																																						