2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13222

FILED Apr 15, 2010 Secretary of State

Entity Name: THE GILCHRIST COUNTY RECREATIONAL AUTHORITY, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O THEODORE M. BURT

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114 NE 1ST ST 114 NE 1ST ST

TRENTON, FL 32693 UC TRENTON, FL 32693 US

Current Mailing Address: New Mailing Address:

C/O THEODORE M. BURT PO BOX 308

TRENTON, FL 32693 US

FEI Number: 59-2877209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

Name: LORD, ROGER Address: 721 NE 3RD ST

City-St-Zip: TRENTON, FL 32693 US

Title: D

 Name:
 GUTHRIE, SCOTT

 Address:
 P.O. BOX 1781

 City-St-Zip:
 TRENTON, FL 32693 US

Title: D

Name: SMITH, ROY Address: P.O. BOX 838

City-St-Zip: TRENTON, FL 32693 US

Title:

Name: SMITH, DARRELL Address: PO BOX 727 City-St-Zip: BELL, FL 32619 US

Title: DST

Name: PARRISH, TERRY Address: PO BOX 82

City-St-Zip: TRENTON, FL 32693 US

Title: [

 Name:
 BRYANT, TODD

 Address:
 6600 SW 65TH ST

 City-St-Zip:
 TRENTON, FL 32693 US

I hereby 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 all other like empowered.

SIGNATURE: ROGER LORD P 04/15/2010