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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 28 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N16910 (4)

1. Corporation Name
WELAKA NEIGHBORHOOD DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
849 BAY LANE CRESCENT CITY FL 32112	P.O. BOX 40 ARCHER FL 32618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1986	3a. Date of Last Report: 06/10/1994
4. FEI Number: 59-2845460	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

G & R MANAGEMENT SERVICES INC.
207 S. UNIVERSITY AVE.
P.O. BOX 40
ARCHER FL 32618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOONE, AUDREY P.O. BOX 1324 N/A EAST PALATKA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition P AUDREY BOONE P.O. Box 1324 EAST PALATKA, FL 32131 N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLAYTON, ERNEST HRC BOX 1340 N/A SATSUMA FL OK	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition VD EARNEST CLAYTON HRC BOX 1340 SATSUMA, FL N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURRELL JR, UREY 700 HUNTING AVE. CRESCENT CITY FL Delete D	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition D Milton, Cedric P.O. Box 127 Welaka, FL 32189 N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, SAMUEL 730 GROVE AVE. CRESCENT CITY FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition SD SAMUEL WILLIAMS 730 GROVE AVE CRESCENT CITY, FL 32112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition D Evans, Bryant P.O. Box 233 Crescent City, FL 32112 N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition VP 3-28

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/8/95 Date 904-495-3068 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0026870