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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:19

DOCUMENT # **N18201** **(6)**

1. Corporation Name

SEMINOLE RIDGE BOAT RAMP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O.BOX 2926 MELROSE FL 32666	P.O.BOX 2926 MELROSE FL 32666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1986
3a. Date of Last Report: 10/27/1994
4. FEI Number: 59-2762205 ☐ 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

MCDAVID, RICHARD
8666 OAKVIEW ROAD
MELROSE FL 32666

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	VPD	11 TITLE	☐ Change ☐ Addition
NAME	WORLEY, PHILIP R	12 NAME	
STREET ADDRESS	RT. 2, BOX 2926	13 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCDAVID, RICHARD	22 NAME	
STREET ADDRESS	8666 OAKVIEW ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD	32 NAME	
STREET ADDRESS	~~RT. 2 BOX 708 N/A~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~NEWBERRY FL~~	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WALKER, JAMES G.	42 NAME	John S. Passwater
STREET ADDRESS	POST OFFICE BOX 807	43 STREET ADDRESS	P.O. Box 1785 NA
CITY-ST-ZIP	MELROSE FL	44 CITY-ST-ZIP	Keystone Heights, FL. 32656
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CRESSLER, MORGAN	52 NAME	
STREET ADDRESS	POST OFFICE BOX 638	53 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

Address Change
Rt 2, Box 2925C
Melrose, FL. 32666

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)(k), 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: Richard Smith 5/25/95 904-475-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard Smith

0050248