

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N20223

1. Entity Name
WAKULLA COUNTY RECREATION ASSOCIATION, INC.



Principal Place of Business

**C/O BEN WITHERS
P.O. BOX 908
PANACEA, FL 32346 US**

Mailing Address

**C/O BEN WITHERS
P.O. BOX 908
PANACEA, FL 32346 US**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3000431

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WITHERS, BEN
886 COASTAL HWY.
US 98
PANACEA, FL 34324**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VAUSE, PHILIP
STREET ADDRESS	RT. 4 BOX 6782
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	DTDS
NAME	WITHERS, BEN
STREET ADDRESS	P.O. BOX 908
CITY-ST-ZIP	PANACEA, FL 34324
TITLE	DVP
NAME	HEROLD, CARL
STREET ADDRESS	45 FAIRWAY LANE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000293320
04/08/05-80024-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

DTDS

Date

DayTime Phone #

3/28/05