2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N20223 WAKULLA COUNTY RECREATION ASSOCIATION, INC. Principal Place of Business Mailing Address C/O BEN WITHERS P.O. BOX 908 C/O BEN WITHERS P.O. BOX 908

DTDS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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

Daytime Phone #

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						e of Status De	sired	\$8.75 Additional Fee Required	
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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 registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed a	name of registered agent and t	itle if applicable. (NOTE: Register	ed Agent signature	required when reinstating)		DATE		
	Filing Fee is \$1 Due by May 1,		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees				
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12 I berehu	certify that the inform	ation supplied with th	is filing does not qualify for the ex	emption state	d in Section 119.07(3	3)(i), Florida St	atutes. I further o	artify that the information	
indicated of the co	i on this report or sup rooration or the recei	plemental report is tro ver or trustee empow	ue and accurate and that my sign ered to execute this report as requ n all other like empowered.	ימת וומחי מזו וזמ	ve ine same ledal eli:	eci as ii mace	under dam: mai	izan an onical of director	