2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N20223

1. Entity Name
WAKULLA COUNTY RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BEN WITHERS P.O. BOX 908 PANACEA, FL 32346 US	C/O BEN WITHERS P.O. BOX 908 PANACEA, FL 32346 US

DO NOT WRITE IN THIS SPACE

07102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3000431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 Ben 7/11/08
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 September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000954610
07/14/08-80007-020 61.25

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ben 7/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #