

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 27, 2010
Secretary of State

DOCUMENT# N20223

Entity Name: WAKULLA COUNTY RECREATION ASSOCIATION, INC.**Current Principal Place of Business:**C/O BEN WITHERS
PANACEA, FL 32346 US**New Principal Place of Business:****Current Mailing Address:**C/O BEN WITHERS
P.O. BOX 908
PANACEA, FL 32346 US**New Mailing Address:****FEI Number:** 59-3000431**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WITHERS, BEN
886 COASTAL HWY.
US 98
PANACEA, FL 34324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: VAUSE, PHILIP
Address: RT. 4 BOX 6782
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DTDS
Name: WITHERS, BEN
Address: P.O. BOX 908
City-St-Zip: PANACEA, FL 34324

Title: DVP
Name: PEARCE, ROBERT R
Address: 47 PARKSIDE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BEN WITHERS

DTDS

05/27/2010

Electronic Signature of Signing Officer or Director

Date