SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

AMOUNT DUE ON OR BEFORE 09/30/98: \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236,25). **FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sep 09 1998 8:00am' Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** Secretary of State DOCUMENT # N22223 (4) CAMP HENRY RIVER RESCUE, INC. Principal Place of Business Malling Address % GERALD GENAW % GERALD GENAW 3. Date Incorporated or Qualified HC1 BOX 522 STAR ROUTE 522 08/26/1987 **GEORGETOWN FL 32139 GEORGETOWN FL 32139** 4. FEI Number Applied For 59-2955770 Not Applicable 2a. Malling Address 26 % PAMEL 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired % PAMELA B. GENAW GENAW Fee Required Suite, Apt. #, etc 6. Election Campaign Financing \$5.00 May Be 6915 ALPERT 6915 ALPERT DRIVE DRIVE Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ORLANDO ORLANDO. FIORIDA 23 3<u>2810</u> 8. This corporation owes or has paid the current year intangible **ORANGE** OKANGE \_\_ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GENAW GENAW, GERALD 82 STAR ROUTE 522 83 GEORGETOWN FL 32139 84 ORLANDO the above-named corporation submits this statement for the purpose of changing its registered thorized by the corporation's locard of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida Such change was agent. I am familiar with, and accept the obligations of, section 617,0503.

SIGNATURE PAMELA B. GENAU POWER STATES OF THE PROPERTY OF THE PROPER orida Statutes. Signature, typed or printed name of registered agent and title if a (NOTE: Registered Agent ex nature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Tavid L. Genaw 1275 Hibiscustane GENAW, GERALD NAME 12 NAME **STAR ROUTE 522** STREET ADDRESS 1.3 STREET ADDRESS **GEO**RGETOWN FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP TITLE 2.1 TITLE DELETE Change PAMELA B. BENAW **BOGUCKI, MARJORIE** NAME 2.2 NAME 6915 AIPERT DR. **STAR ROUTE 522** STREET ADDRESS 2.3 STREET ADDRESS **GEÖRGETOWN FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP ORLANDO FLORIDA 32810 3 1 TITLE TITLE □ DELETE Addition Change GENAW, KATHY BARNEY A. WILKINSON NAME 3.2 NAME **STAR ROUTE 522** 1133 N/A F1. 32178 STREET ADDRESS 3.3 STREET ADDRESS PO BOY **GEORGETOWN FL** CITY-ST-ZIP 3.4 C/TY-ST-ZIP

(2/98)

Change

Change

Change

Addition

Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 aprilial 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 comporation 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 31 if changed, or on an attachment with an address.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

PAMELA B. GENAW 8.31.98 4072955758

Dete Degrine Phone # SIGNATURE