

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31979 (0)

1. Corporation Name

ST. MARKS RIVER PROTECTION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~467 OLD MAGNOLIA RD.
CRAWFORDVILLE FL 32327
US~~

~~467 OLD MAGNOLIA RD.
CRAWFORDVILLE FL 32327-0002
US~~

2. Principal Place of Business

2a. Mailing Address

21 299 OLD MAGNOLIA RD.
Suite, Apt. #, etc.

26 299 OLD MAGNOLIA RD.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 CRAWFORDVILLE, FL

28 CRAWFORDVILLE, FL

24 Zip Country
32327 US

29 Zip Country
32327 US

3. Date Incorporated or Qualified
04/27/1989

3a. Date of Last Report
04/25/1996

4. FEI Number
59-3247945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NETTLES, LEON E.
467 OLD MAGNOLIA RD.
CRAWFORDVILLE FL 32327

81 Name
WOODROW W. LEWIS JR.
82 Street Address (P.O. Box Number is Not Acceptable)
11406 WHITEHOUSE RD.
83
84 City
TALLAHASSEE
85 Zip Code
FL 32311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Woodrow W. Lewis Jr.
Signature typed or printed name of registered agent and title if applicable

WOODROW W. LEWIS, JR.

3/24/97

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	LEWIS, WOODROW W.
STREET ADDRESS	11406 WHITEHOUSE ROAD
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	THOMPSON, AL
STREET ADDRESS	RT. 5, BOX 3981
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	TD <input type="checkbox"/> DELETE
NAME	LEASE, SHANNON
STREET ADDRESS	299 OLD MAGNOLIA RD
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	NETTLES, LEON E.
STREET ADDRESS	467 OLD MAGNOLIA RD
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do 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 annual 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Woodrow W. Lewis Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97
Date

467-2700
Daytime Phone # 0008902

CR2E037 (9/96)