

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 9:07

SECRETARY OF STATE
TRAIL ASSOCIATION, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51088** (5)

1. Corporation Name
RALLY FOR RECREATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
538 HIGHWAY 98 EAST DESTIN FL 32541 **538 HIGHWAY 98 EAST DESTIN FL 32541**

3. Date Incorporated or Qualified 09/30/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3070566	Apply For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. # etc. 22. City & State 23. City 24. State 25. County	2a. Mailing Address 26. Suite, Apt. # etc. 27. City & State 28. City 29. State 30. County
---	--

Same

9. Name and Address of Current Registered Agent
**BLUE, KATHY MARLER
525A CALHOUN DRIVE
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP MORGAN, CHARLES III 720 BEACH DRIVE DESTIN FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DV BLUE, KATHY MARLER 525A CALHOUN DRIVE DESTIN FL 32541	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DT MOORE, ROY 202 STEPHEN AVE. MARY ESTHER FL 32569	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DS TERJAK, PATTI 810 SPANISH MOSS TRAIL DESTIN FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 of attached or on an attachment with an address.

SIGNATURE: *Roy Moore*
ROY MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95
837-2506
(904) *[Signature]*