

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 151088
1. Corporation Name
Rally For Recreation

Principal Place of Business Mailing Address
538 Highway 98 East Destin FL 32541 **538 Highway 98E Destin FL 32541**

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

3. Date Incorporated or Qualified **9/30/1992** 3a. Date of Last Report **4/1994**
4. FEI Number **59-3070566** 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
Blue Kathy Marler
525 A Calhoun Drive
Destin FL 32541
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgan, Charles III	1.2 NAME	
STREET ADDRESS	720 Beach Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Destin, FL 32541	1.4 CITY-ST-ZIP	
TITLE	D/V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blue Kathy Marler	2.2 NAME	
STREET ADDRESS	525 A Calhoun Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Destin, FL 32541	2.4 CITY-ST-ZIP	
TITLE	D/P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore Roy	3.2 NAME	
STREET ADDRESS	202 Stephen Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Mary Esther FL 32569	3.4 CITY-ST-ZIP	
TITLE	D/S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loeki Vicki	4.2 NAME	
STREET ADDRESS	229 Carmel Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	FWB, FL 32547	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	300001856193 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-06/07/96--01081--004
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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(3)(k), 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: **Roy Moore** **Roy Moore** **4-26-96** **(904) 837-2506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)