FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:36

DOCUMENT # N92000000521 (6)

1. Corporation Name
MOLINO RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2340 CRABTREE CHURCH RD CANTONMENT FL 32533	6020 CHESTNUT RD CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Molino, FL	28 Molino, FL
Zip / Country	Zip / Country
24 32577 / 25	29 32577 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
11/24/1992	03/25/1994
4. FEI Number	☐ Applied For ☐ Not Applicable
59-3142080	
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
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
ENFINGER, SANDRA A 6020 CHESTNUT RD CANTONMENT FL 32533	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City Molino FL 85 Zip Code 32577

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	WOOD, OTIS E JR	1.2 NAME	
STREET ADDRESS	2782 ANGUS CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	1.4 CITY-ST-ZIP	Molino, FL 32577
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	SPEARS, TIM L	2.2 NAME	
STREET ADDRESS	2529 MOLINO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	2.4 CITY-ST-ZIP	Molino, FL 32577
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	SHEFFIELD, JANICE	3.2 NAME	
STREET ADDRESS	9494 GIBSON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	Molino, FL 32577
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	ENFINGER, SANDRA A	4.2 NAME	
STREET ADDRESS	6020 CHESTNUT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	4.4 CITY-ST-ZIP	Molino, FL 32577
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: Sandra A Enfinger / Sandra A Enfinger 1-29-95 904-587-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071551