FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 2-5-96 B- 0754 C

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

DOCUMENT # **N92000000521 (6)**

1. Corporation Name

MOLINO RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2340 CRABTREE CHURCH RD MOLINO FL 32577 US	6020 CHESTNUT RD MOLINO FL 32577 US

3. Date Incorporated or Qualified: **11/24/1992**

3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3142080** ☐ 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

ENFINGER, SANDRA A
6020 CHESTNUT RD
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name: Enfinger, Sandra A.

82 Street Address (P.O. Box Number is Not Acceptable): 6020 Chestnut Rd.

83:

84 City: Molino **FL** 85 Zip Code: 32577

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: Sandra A. Enfinger — Sandra A. Enfinger / Treasurer-Director — DATE: 1/29/96
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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	WOOD, OTIS E JR		12 NAME		
STREET ADDRESS	2782 ANGUS CIR		13 STREET ADDRESS		
CITY-ST-ZIP	MOLINO FL		14 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	21 TITLE	VD	☐ Change ☒ Addition
NAME	SPEARS, TIM L		22 NAME	Brake, Dewey E.	
STREET ADDRESS	2529 MOLINO RD		23 STREET ADDRESS	5475 Schaag Rd.	
CITY-ST-ZIP	MOLINO FL		24 CITY-ST-ZIP	Molino, FL 32577	
TITLE	SD	☒ DELETE	31 TITLE	SD	☐ Change ☒ Addition
NAME	SHEFFIELD, JANICE		32 NAME	Joiner, Ann	
STREET ADDRESS	9494 GIBSON RD		33 STREET ADDRESS	1967 Chance Rd.	
CITY-ST-ZIP	MOLINO FL		34 CITY-ST-ZIP	Molino, FL 32577	
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ENFINGER, SANDRA A		42 NAME		
STREET ADDRESS	6020 CHESTNUT RD		43 STREET ADDRESS		
CITY-ST-ZIP	MOLINO FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: Sandra A. Enfinger — Sandra A. Enfinger — 1/29/96 — 904-581-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)