
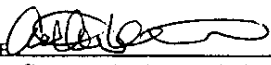
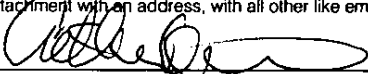


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N92000000521						FILED 07 OCT 23 AM 9:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name MOLINO RECREATION ASSOCIATION, INC.				Principal Place of Business 2340 CRABTREE CHURCH RD MOLINO, FL 32577 US		Mailing Address P O BOX 533 MOLINO, FL 32577 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number 59-3142080		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PADGETT, STEVE 4440 IVORY LN MOLINO, FL 32577				Name <u>Arthur Kleinatland</u> Street Address (P.O. Box Number is Not Acceptable) <u>430 Casey Ln.</u> City <u>Cantonment</u> FL Zip Code <u>32533</u>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <u>Arthur Kleinatland President</u>				10/12/07			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADGETT, STEVE			NAME	Arthur Kleinatland		
STREET ADDRESS	4440 IVORY LN			STREET ADDRESS	430 Casey Ln.		
CITY-ST-ZIP	MOLINO, FL 32577			CITY-ST-ZIP	Cantonment, Fl. 32533		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GING, JAYSON			NAME			
STREET ADDRESS	1654 BET RAINS RD.			STREET ADDRESS			
CITY-ST-ZIP	MOLINO, FL 32577			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADGETT, SABRINA			NAME	Sonja Luker		
STREET ADDRESS	4440 IVORY LN.			STREET ADDRESS	P.O. Box 578		
CITY-ST-ZIP	MOLINO, FL 32577			CITY-ST-ZIP	Molino, Fl. 32577		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, DARLENE			NAME	Charity Sheldt		
STREET ADDRESS	7110 N. HWY 95A			STREET ADDRESS	4833 Chaudron Rd.		
CITY-ST-ZIP	MOLINO, FL 32577			CITY-ST-ZIP	Molino, Fl. 32577		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <u>Arthur Kleinatland</u>				10/12/07		850-968-3919	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	
				President			