

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000521

FILED
Mar 21, 2009
Secretary of State

Entity Name: MOLINO RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

2340 CRABTREE CHURCH RD
MOLINO, FL 32577 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 533
MOLINO, FL 32577 US

New Mailing Address:

FEI Number: 59-3142080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINATLAND, ARTHUR
430 CASEY LN
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLEINATLAND, ARTHUR
Address: 430 CASEY LN
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: REBER, T.J.
Address: 5385 SCHAGG RD
City-St-Zip: MOLINO, FL 32577

Title: S () Delete
Name: LATHAN, LYNN
Address: 8640 SUNSET VIEW LN
City-St-Zip: MOLINO, FL 32577

Title: T () Delete
Name: SHELDT, CHARITY
Address: 4833 CHAUDRON RD
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LUKER, SONJA
Address: P.O. BOX 578
City-St-Zip: MOLINO, FL 32577

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARITY SHELDT

T

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date