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FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N94000002916 (4)

1. Corporation Name

WEST PUTNAM ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 1832  
INTERLACHEN FL 32148

P. O. BOX 1832  
INTERLACHEN FL 32148

3. Date Incorporated or Qualified

04/05/1990

4. FEI Number

59-3009985

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, MARK S  
245 EAST VIRGINIA ST.  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TP ☐ DELETE  
NAME ANNIS, ART  
STREET ADDRESS STAR RT, BOX 376  
CITY-ST-ZIP PALATKA FL

TITLE DV ☒ DELETE  
NAME JENKINS, TOMMEY  
STREET ADDRESS RT 1 BOX 130  
CITY-ST-ZIP INTERLACHEN FL

TITLE TS ☒ DELETE  
NAME JOHNS, CINDY  
STREET ADDRESS P.O. BOX 91 N/A  
CITY-ST-ZIP HOLLISTER FL

TITLE Y ☐ DELETE  
NAME DAVIS, JOYCE  
STREET ADDRESS RT. 4, BOX 23-G  
CITY-ST-ZIP INTERLACHEN FL

TITLE D ☐ DELETE  
NAME ANNIS, ART  
STREET ADDRESS STAR RT BOX 376  
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME VP Smokey Schaus  
2.3 STREET ADDRESS 127 Darby Rd  
2.4 CITY-ST-ZIP Hollister, FL 32147

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME S Darleen Lloyd  
3.3 STREET ADDRESS Duncan Ave  
3.4 CITY-ST-ZIP Interlachen, FL 32148

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

*[Signature]*

11-22-98

CR2E037 (10/97)