2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003127

1. Entity Name
RECREATION PLUS, INC.

Principal Place of Business	Mailing Address
6 CACTUS RD MARY ESTHER, FL 32569	P.O. BOX 531 MARY ESTHER, FL 32569-0531 US

03282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3250195
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, HAZEL
6 CACTUS RD
MARY ESTHER, FL 32569

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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 Hazel Harper 3-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARDSON, WALTER
STREET ADDRESS	730 NW BUTLER RD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	V
NAME	CARTER, LAURIE
STREET ADDRESS	5952 MILLER BLUFF
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	HART, REBECCA
STREET ADDRESS	1581 MACK BAYOU RD.
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D
NAME	HARPER, HAZEL
STREET ADDRESS	6 CACTUS ROAD
CITY-ST-ZIP	MARY ESTHER, FL
TITLE	D
NAME	SIMMONS, MAUREEN
STREET ADDRESS	20 AZELA DR.
CITY ST ZIP	MARY ESTHER, FL 32569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/07/05-80077-014 61.25

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12. 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 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: Hazel Harper Hazel Harper 3-31-05 (850)581-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #