

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90375 042 ****61.25

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1. Entity Name
RECREATION PLUS, INC.



Principal Place of Business

**6 CACTUS RD
MARY ESTHER, FL 32569**

Mailing Address

**P.O. BOX 531
MARY ESTHER, FL 32569-0531 US**



04062006 No Chg-NP

CR2E037 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006**

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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IN THIS SPACE**

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: Hazel Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06
Date

850-581-4660
Daytime Phone #