2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N94000003127

Entity Name: RECREATION PLUS, INC.

Current Principal Place of Business:

6 CACTUS RD
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531
MARY ESTHER, FL 325690531 US

New Mailing Address:

FEI Number: 59-3250195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, HAZEL
6 CACTUS RD
MARY ESTHER, FL 32569 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:	RICHARDSON, WALTER	
Address:	730 NW BUTLER RD.	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	V	( ) Delete
Name:	CARTER, LAURIE	
Address:	5952 MILLER BLUFF	
City-St-Zip:	MILTON, FL 32583	
Title:	D	( ) Delete
Name:	HART, REBECCA	
Address:	1581 MACK BAYOU RD.	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	HARPER, HAZEL	
Address:	6 CACTUS ROAD	
City-St-Zip:	MARY ESTHER, FL	
Title:	D	( ) Delete
Name:	FRECHETTE, KATHERINE	
Address:	487 MANAGER WAY	
City-St-Zip:	MARY ESTHER, FL 32569	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HAZEL HARPER D 03/02/2009
Electronic Signature of Signing Officer or Director — Date