

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90047 048 ****61.25

DOCUMENT # N94000005263

1. Entity Name
WINFIELD RECREATIONAL PARK, INC.



Principal Place of Business
**495 NW WINFIELD ST
LAKE CITY, FL 32055**

Mailing Address
**495 NW WINFIELD ST
LAKE CITY, FL 32055**

60028653



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3075878

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLOWAY, RENTZ
495 NW WINDFIELD ST
LAKE CITY, FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARRIS, CARROLL | |
| STREET ADDRESS | 853 N. WINFIELD ST. | |
| CITY-ST-ZIP | LAKE CITY, FL 32055 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALL, DONALD | |
| STREET ADDRESS | 904 NW MAIN BLVD | |
| CITY-ST-ZIP | LAKE CITY, FL 32055 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GRIFFIN, ROSEMARY | |
| STREET ADDRESS | 192 NW BELVIN WAY | |
| CITY-ST-ZIP | LAKE CITY, FL 32055 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GALLOWAY, RENTZ | |
| STREET ADDRESS | 495 NW WINFIELD | |
| CITY-ST-ZIP | LAKE CITY, FL 32055 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALLEN, WILIE B | |
| STREET ADDRESS | 377 SENIOR CT | |
| CITY-ST-ZIP | LAKE CITY, FL 32055 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BENNETT, HOSIA B | |
| STREET ADDRESS | 259 NW BO COURT | |
| CITY-ST-ZIP | LAKE CITY, FL 32055 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Anita Sherrell Jones | |
| STREET ADDRESS | 255 NE Fronie Street | |
| CITY-ST-ZIP | Lake City, FL 32055 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Rentz T. Galloway* **Rentz T. Galloway**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07 **3/22/07** *386 752-5643*
Date Daytime Phone #