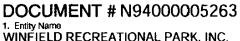
2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT





FILED Mar 26, 2007 8:00 am Secretary of State 03-26-2007 90047 048 ****61.25

WINFIELD RECREATIONAL PARK, INC.												
495 NW WINFIELD ST 495				ng Address NW WINFIELD ST E CITY, FL 32055								
Principal Place of Business - No P.O. Box # Mailing Address						s						
Suite, Apt. #, etc. St				uite, Apt. #, etc.			i	03072007	Chg-NP	CR2E00	37 (12/06)	
City & State				City & State				4. FEI Number 59-3075	878		———	plied For t Applicable
Zip		Country	Zip	Zip Cou		intry		5. Certificate of Status Desired \$8.75 Addition Fee Required			litional _ d	
6. Name and Address of Current Registere								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	9
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 alignature 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				11.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	853 N. WI	CARROLL INFIELD ST. Y, FL 32055		☐ Delete		1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, DONALD 904 NW MAIN BLVD LAKE CITY, FL 32055			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, ROSEMARY 192 NW BELVIN WAY LAKE CITY, FL 32055			i≆ Delete			Anita Sherrell Joi 255 NE Fronie Str Lake City, FL 320			. †	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	495 NW V	AY, RENTZ WINFIELD 'Y, FL 32055		☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, W 377 SENI LAKE CIT			☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	259 NW E	T, HOSIA B BO COURT TY, FL 32055		☐ Delete							Change	Addition

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: