

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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



01192008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3075878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HARRIS, CARROLL
STREET ADDRESS 853 N. WINFIELD ST.
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D
NAME HALL, DONALD
STREET ADDRESS 904 NW MAIN BLVD
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D
NAME JONES, ANITA S
STREET ADDRESS 255 NE FRONIE STREET
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D
NAME GALLOWAY, RENTZ
STREET ADDRESS 495 NW WINFIELD
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D
NAME ALLEN, WILIE B
STREET ADDRESS 377 SENIOR CT
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D
NAME BENNETT, HOSIA B
STREET ADDRESS 259 NW BO COURT
CITY-ST-ZIP LAKE CITY, FL 32055

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02/15/08-80022-014 61.25

**DO NOT WRITE
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:

Rentz L. Galloway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-08

Date

386 752-5643

Daytime Phone #