2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N94000005263

Entity Name: WINFIELD RECREATIONAL PARK, INC.

Current Principal Place of Business:

495 NW WINFIELD ST
LAKE CITY, FL 32055

New Principal Place of Business:

1324 NW. WINFIELD ST
LAKE CITY, FL 32055

Current Mailing Address:

495 NW WINFIELD ST
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-3075878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, RENTZ
495 NW WINDFIELD ST
LAKE CITY, FL 32055 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: D ( ) Delete
Name: HARRIS, CARROLL
Address: 853 N. WINFIELD ST.
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: HALL, DONALD
Address: 904 NW MAIN BLVD
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: JONES, ANITA S
Address: 255 NE FRONIE STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: GALLOWAY, RENTZ
Address: 495 NW WINFIELD
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: ALLEN, WILIE B
Address: 377 SENIOR CT
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: BENNETT, HOSIA B
Address: 259 NW BO COURT
City-St-Zip: LAKE CITY, FL 32055

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:

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: RENTZ T.GALLOWAY TSCY 01/19/2009
Electronic Signature of Signing Officer or Director — Date