

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005263

FILED
Feb 09, 2011
Secretary of State

Entity Name: WINFIELD RECREATIONAL PARK, INC.

Current Principal Place of Business:

1324 NW. WINFIELD ST
LAKE CITY, FL 32055

New Principal Place of Business:

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
Name: HARRIS, CARROLL
Address: 853 N. WINFIELD ST.
City-St-Zip: LAKE CITY, FL 32055

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RENTZ GALLOWAY

TREA

02/09/2011

Electronic Signature of Signing Officer or Director

Date