

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005548 (2)

1. Corporation Name

SOUTH LEVY RECREATION PARK, INC.

Principal Place of Business

8350 HWY 40 EAST  
INGLIS FL 34449

Mailing Address

P.O. BOX 1647  
INGLIS FL 34449



3. Date Incorporated or Qualified  
11/08/1994

3a. Date of Last Report  
10/09/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

4. FEI Number  
59-3297406  
NOT APPLICABLE

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RISHER, CAROLYN  
119 RISHER AVENUE  
INGLIS FL 34449

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ADAMS, PAT  
STREET ADDRESS 1330 HIGHWAY 19 NORTH  
CITY-ST-ZIP INGLIS FL 34449

TITLE D ☐ DELETE

NAME GREEN, HELEN  
STREET ADDRESS 360 SOUTH INGLIS AVENUE  
CITY-ST-ZIP INGLIS FL 34449

TITLE D ☐ DELETE

NAME REVELS, CLIFF  
STREET ADDRESS 101 HAMMOCK ROAD  
CITY-ST-ZIP INGLIS FL 33339

TITLE D ☐ DELETE

NAME RISHER, CAROLYN  
STREET ADDRESS 119 RISHER AVENUE  
CITY-ST-ZIP INGLIS FL 34449

TITLE D ☐ DELETE

NAME RUNNELS, CAROL  
STREET ADDRESS 32 OUR ROAD  
CITY-ST-ZIP INGLIS FL 34449

TITLE D ☐ DELETE

NAME SHUSTER, JENNEFER  
STREET ADDRESS 10 56TH STREET  
CITY-ST-ZIP YANKEETOWN FL 34498

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/Sec ☐ Change ☒ Addition

1.2 NAME Smith, Shannon  
1.3 STREET ADDRESS 11590 N. Kayak Pt., Inglis, Fl 34449  
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Campbell, Bett  
2.3 STREET ADDRESS 245 Palm St  
2.4 CITY-ST-ZIP Inglis, Fl 34449

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1996 (352) 447-3597

Date

Daytime Phone #

CR2E037 (12/95)