

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000005548 (2)

1. Corporation Name

SOUTH LEVY RECREATION PARK, INC.



Principal Place of Business

Mailing Address

**8350 HWY 40 EAST
INGLIS FL 34449**

**P.O. BOX 1647
INGLIS FL 34449**

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

59-3297406

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

Carolyn Risher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-11-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **ADAMS, PAT**
STREET ADDRESS **1330 HIGHWAY 19 NORTH**
CITY-ST-ZIP **INGLIS FL 34449**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Dottie Osteen**
1.3 STREET ADDRESS **98 Lee Rd.**
1.4 CITY-ST-ZIP **Inglis, Fl 34449**

TITLE **DS** ☐ DELETE
NAME **SMITH, SHANNON**
STREET ADDRESS **717 HWY 40 EAST**
CITY-ST-ZIP **INGLIS FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Mark Moore**
2.3 STREET ADDRESS **4721 Riverside Dr.**
2.4 CITY-ST-ZIP **Yankeetown, Fl 34498**

TITLE **DT** ☐ DELETE
NAME **CAMBELL, BETT**
STREET ADDRESS **245 PALM ST**
CITY-ST-ZIP **INGLIS FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Leslie Moore**
3.3 STREET ADDRESS **4721 Riverside Dr.**
3.4 CITY-ST-ZIP **Yankeetown, Fl 34498**

TITLE **D** ☐ DELETE
NAME **RISHER, CAROLYN**
STREET ADDRESS **119 RISHER AVENUE**
CITY-ST-ZIP **INGLIS FL 34449**

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **Patty Brennan**
4.3 STREET ADDRESS **169 Hudson St**
4.4 CITY-ST-ZIP **Inglis, Fl 34449**

TITLE **D** ☐ DELETE
NAME **RUNNELS, CAROL**
STREET ADDRESS **32 OUR ROAD**
CITY-ST-ZIP **INGLIS FL 34449**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SHUSTER, JENNEFER**
STREET ADDRESS **10 56TH STREET**
CITY-ST-ZIP **YANKEETOWN FL 34498**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Jennefer Shuster**

6-12-98 352-447-3597

CR2E037 (10/97)