

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000893 (6)

1. Corporation Name

PLANTATION RETREAT AND CONFERENCE CENTER, INC.



Principal Place of Business

Mailing Address

2423 SHALLEY DRIVE
TALLAHASSEE FL 32308

2423 SHALLEY DRIVE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3361250

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

☐

Yes ☐ No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHOADS, WILLIAM
2423 SHALLEY DRIVE
TALLAHASSEE FL 32308

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RHOADS, WILLIAM
STREET ADDRESS 2423 SHALLEY DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME EICHENBERG, CHARLES
STREET ADDRESS 745 PINELLAS WAY #205
CITY-ST-ZIP TERRA VERDE FL 33785

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME GOLDEN, JACK
STREET ADDRESS 2805 ROSSCOMMON DR
CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME PACE, JOHN
STREET ADDRESS 1002 WAVERLY ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME OWENS, TOMMY
STREET ADDRESS 3232 CRANLEIGH DR
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE SD
NAME HORNE, KEITH
STREET ADDRESS 3783 PATCH DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

6.1 TITLE
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

26 April 96

Date

904 668-3421

Daytime Phone

CR2E037 (12/95)