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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000893 (6)

PLANTATION RETREAT AND CONFERENCE CENTER, INC.

FILED May 09 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | ; | | |
|---|--|--|----------------------------|-------------------------|---|--|-------------------------------|--|
| 2423 SHALLEY I TALLAHASSEE F | DRIVE | 2423 SHALLEY DRIVE TALLAHASSEE FL 32308-3018 | | | | | | |
| (NDS) Proper | 2 4555 | (1,22,1,3,0,0,2,1,2,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0 | | | Date Incorporated or Qualified 02/23/1995 | 3a. Date of La 04/30/ | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | 1 | Applied For | |
| 21 50 | iour As Above | 26 502 mm 62 | < 647° | 90B | 59-3361250 | | Not Applicable | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 | 75 Additional | |
| 22 | | 27 | | | | Fe | e Required | |
| City & State | 6 | City & State | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be | |
| Zip | Country | | Country | | 8. This corporation has liability for in | | ded to Fees | |
| 24 | 25 | 29 3 | _ ` | | | Yes No | 199.032, | |
| | 9. Name and Address of Curren | | | | 10. Name and Address of New Reg | gistered Agent | | |
| | | | 81 | Name | | | | |
| RHOADS, WILLIAM | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable | le) | | |
| | ALLEY DRIVE | | | | | · | | |
| TALLAHA | ISSEE FL 32308 | | 83 | | | | | |
| Ì | | | 84 | City | | 85 | Zip Code | |
| 14 Discussion | to the available of Costions C17 OFO | 2 and 647 1500 Flacide Ciation | 45-25-25 | | | FL [" | 10 | |
| office or r | egistered agent, or both, in the State | of Florida, Such change was au | thorized by | the corp | corporation submits this statement for the puoration's board of directors. I hereby accep | t the appointmen | ng its registered | |
| Į. | m familiar with, and accept the obliga | itions of, Section 617.0503, Flori | da Statutes | 3 . | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable (NO1E: | Registered Ago | nl signature I | equired when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | 10RS IN 12 | |
| TITLE | PD | DELETE | 1.1 TITLE | | | ☐ Char | nge Addition | |
| NAME | RHOADS, WILLIAM | | 1.2 NAME | | | | | |
| STREET ADDRESS | 2423 SHALLEY DRIVE | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | | 1.4 CITY-\$1-2IP | | | | | |
| TITLE | D. CUADICO | ☐ DELETE | 2.1 TITLE | | | ∟ Char | nge [_] Addition | |
| NAME | EICHENBERG, CHARLES | | 2.2 NAME | | | | | |
| STREET ADDRESS | 745 PINELLAS WAY #205 ITERRA VERDE FL 33765 | | 2.3 STREET | - 1 | | | | |
| CITY-ST-ZIP TITLE | VD | DELETE | 2 | | | Char | nge Addition | |
| NAME | GOLDEN, JACK | | 3.2 NAME | | | | igo Ellinon | |
| STREET ADDRESS | 2805 ROSSCOMMON DR | | 3.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | | 3.4, CITY - S | | | | | |
| TITLE | TD | DELETE | 4.1 TITLE | | | Char | nge Addition | |
| NAME | PACE, JOHN | | 4. 2 NAME |) | • | | | |
| STREET ADDRESS | 1002 WAVERLY ROAD | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | | 4.4 CITY - S | T-ZIP | | | | |
| TITLE | D | DELETE | 5.1 TITLE | | | ☐ Char | nge 🔲 Addition | |
| NAME | OWENS, TOMMY | | 5.2 NAME | | | | | |
| STREET ADDRESS | 3232 CRANLEIGH DR | | 5.3 STREET | 1 | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | ☐ DELETE | 5.4 CITY - S | T-ZIP | | 110- | one Thedau | |
| TITLE | SD LIODNE NEED | ☐ DEFFIE | 6.1 TITLE | ţ | | ∐ Char | nge [_] Addition | |
| NAME OYOCEY ADODESIS | HORNE, KEITH | | 6.2 NAME | ADDDESS | | | | |
| STREET ADDRESS | 3793 PATCH DRIVE TALLAHASSEE FL 32308 | | 6.3 STREET | 1 | | | | |
| CITY-ST-ZIP | ou portify that the information augustics | with this filing does not qualify | 6.4 CITY-S for the exe | motion of | ated in Section 119.07(3)(i), Florida Statutes | s. I further certify | that the | |
| Information I am an o appears i | on Indicated on this annual report or s fficer or director of the corporation or n Block 12 or Block 13 if changed, or | upplomental annual report is tru the receiver or trusfee en cower on an attachment with an addre | e and accured to execuses. | rate and ute this re | ated in Section 118.07(3)(), Fronta Statutes that my signature shall have the same legal eport as required by Chapter 617, Florida St | effect as if made latutes; and that r | e under oath; that my name | |