

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-3361250

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 Country

28 Zip Country

24 Zip Country

29 Zip 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

**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 617.0402 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

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

William Rhoads

(NOTE: Registered Agent signature required when reinstating)

10 Feb 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE **D** ☐ DELETE
NAME **EICHENBERG, CHARLES**
STREET ADDRESS **745 PINELLAS WAY #205**
CITY-ST-ZIP **ITERRA VERDE FL 33765**

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

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

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

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

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

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

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

TITLE **SD** ☐ DELETE
NAME **HORNE, KEITH**
STREET ADDRESS **3793 PATCH DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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 in an attachment with an address.

SIGNATURE:

William Rhoads
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Feb 98

890-668-3421

CR2E037 (10/97)