

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90008 023 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000893

1. Corporation Name

PLANTATION RETREAT AND CONFERENCE CENTER, INC.

Principal Place of Business

2423 SHALLEY DRIVE  
TALLAHASSEE FL 32308

Mailing Address

2423 SHALLEY DRIVE  
TALLAHASSEE FL 32308



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/23/1995

4. FEI Number

59-3361250

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

9. Name and Address of Current Registered Agent

RHOADS, WILLIAM  
2423 SHALLEY DRIVE  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

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

TITLE D ☐ DELETE

NAME EICHENBERG, CHARLES  
STREET ADDRESS 745 PINELLAS WAY #205  
CITY-ST-ZIP TERRA VERDE FL 33765

TITLE VD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE SD ☐ DELETE

NAME HORNE, KEITH  
STREET ADDRESS 3793 PATCH DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 of Block 13 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Jan 1999 (870) 668-3421

CR2E037 (11/98)