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May 04, 1999 8:00 am  
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05-04-1999 90093 028 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000003851

1. Corporation Name

VERNON RECREATION ASSOCIATION, INCORPORATED

Principal Place of Business

HIGHWAY 79 SOUTH  
SHADY GROVE ST.  
VERNON FL 32462

Mailing Address

P.O. BOX 728  
VERNON FL 32462



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

59-3323334

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

BROCK, EDDIE  
3646 HOLMES VALLEY RD  
VERNON FL 32462

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

Eddie Brock

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

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BROCK, EDDIE  
STREET ADDRESS 3646 HOLMES VALLEY RD  
CITY-ST-ZIP VERNON FL 32462

TITLE VP ☐ DELETE

NAME LEE, KEITH  
STREET ADDRESS 1281 CHURCH ST  
CITY-ST-ZIP VERNON FL 32462

TITLE T ☐ DELETE

NAME MARLOW, TERESA  
STREET ADDRESS 3288 PATE POND RD.  
CITY-ST-ZIP CARYVILLE FL 32427

TITLE D ☐ DELETE

NAME BROCK, DEBORAH  
STREET ADDRESS 3646 HOLMES VALLEY RD  
CITY-ST-ZIP VERNON FL 32462

TITLE D ☒ DELETE

NAME HEWETT, WENDY  
STREET ADDRESS 3822 DOUGLAS FERRY RD  
CITY-ST-ZIP BONIFAY FL 32425

TITLE SD ☐ DELETE

NAME WICKER, TERI  
STREET ADDRESS 1940 LAKEVIEW RD  
CITY-ST-ZIP CARYVILLE FL 32427

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

Gina Peacock  
3313 SYLVANIA RD.  
VERNON FL 32462

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 850535-9172

CR2E037 (11/98)