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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000004148

1. Corporation Name

SANTA FE SOIL & WATER CONSERVATION DISTRICT, INC

Principal Place of Business

~~RIDGECREST PLAZA SUITE 5~~
3884 S. FIRST ST.
LAKE CITY FL 32025
US

Mailing Address

P.O. BOX 2486
LAKE CITY FL 32056



2. Principal Place of Business

21 3884 S. First St.

Suite, Apt. #, etc.

22 City & State

23 Lake City FLORIDA

24 32025 25 COLUMBIA

26 32025 27 COLUMBIA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

08/29/1995

4. FEI Number

59-3081780

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

CRAWFORD, CHARLIE
RT. 10 BOX 417-A
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name

CHARLIE CRAWFORD

82 Street Address (P.O. Box Number is Not Acceptable)

Route 2 Box 3416

83

84

Lake City

FL

85 Zip Code

32055

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 ☐ DELETE

NAME CRAWFORD, CHARLIE
STREET ADDRESS RT 2 BOX 361
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ DELETE

NAME CD
NAME BROWN, WILL J
STREET ADDRESS 1750 FAIR VIEW ST.
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ DELETE

NAME D
NAME OGDEN, RUFUS
STREET ADDRESS RT 8 BOX 422
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ DELETE

NAME D
NAME MOSELEY, LAMAR
STREET ADDRESS RT 1 BOX 312
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ DELETE

NAME D
NAME SPRADLEY, DON
STREET ADDRESS RT. 16 BOX 658
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME CHARLIE CRAWFORD
1.3 STREET ADDRESS RT. 2 BOX 3416
1.4 CITY-ST-ZIP LAKE CITY FL 32055

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 D
NAME OGDEN, Rufus
3.3 STREET ADDRESS P.O. Box 603
3.4 CITY-ST-ZIP wellborn, FL 32094

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME D
NAME moseley, Lamar
4.3 STREET ADDRESS Rt. 3 Box 3812
4.4 CITY-ST-ZIP Ft. White, FL 32055

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

Date

Daytime Phone #

CR2E037 (1/98)