

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

5/27

05-27-2003 90161 046 \*\*\*\*61.25

**DOCUMENT # N95000004148**

1. Entity Name

**SANTA FE SOIL & WATER CONSERVATION DISTRICT, INC**



Principal Place of Business

Mailing Address

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

**P.O. BOX 2486  
LAKE CITY FL 32056**

**55047844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3081780**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

**CRAWFORD, CHARLIE  
RT 2 BOX 3416  
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name

**Will Brown**

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

**870 FAMU Lane**

City

**Lake City**

FL

Zip Code

**32055**

5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Will Brown**

**6-10-03**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, CHARLIE	
STREET ADDRESS	RT 2 BOX 3416	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BROWN, WILL J	
STREET ADDRESS	1750 FAIR VIEW ST.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGDEN, RUFUS	
STREET ADDRESS	P.O. BOX 603	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSELEY, LAMAR	
STREET ADDRESS	RT 3 BOX 3812	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRADLEY, DON	
STREET ADDRESS	RT. 16 BOX 658	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Will Brown	
STREET ADDRESS	870 FAMU Lane	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Will Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-23-03**

Date

Daytime Phone #

CR2E037 (10/02)