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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000116 (1)

1. Corporation Name

PAISLEY ASSOCIATION FOR RECREATIONAL KIDS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 514
PAISLEY FL 32767

P.O. BOX 514
PAISLEY FL 32767-0514

3. Date Incorporated or Qualified
01/08/1996

3a. Date of Last Report

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

25

29

30

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIPES, JOE W
43809 SUNSET DRIVE
PAISLEY FL 32767

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME SHIPES, JOE W
STREET ADDRESS 43809 SUNSET DRIVE
CITY- ST- ZIP PAISLEY FL 32767

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Timothy R. Robinson
1.3 STREET ADDRESS 42115 Maggie Jones Rd.
1.4 CITY- ST- ZIP Paisley, Fl. 32767

TITLE DVT ☐ DELETE
NAME SHERMAN, EILEEN
STREET ADDRESS 26425 ORANGE CIRCLE
CITY- ST- ZIP PAISLEY FL 32767

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

TITLE DS ☐ DELETE
NAME HUNTER, CYNTHIA
STREET ADDRESS 26428 PALMETTO CIRCLE
CITY- ST- ZIP PAISLEY FL 32767

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

TITLE DT ☐ DELETE
NAME SHERMAN EILEEN S
STREET ADDRESS 42247 Maggie Jones Rd
CITY- ST- ZIP Paisley FL. 32767

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

TITLE D ☐ DELETE
NAME LAMAR A. LOUDERMILK
STREET ADDRESS 43750 DIXIE DRIVE
CITY- ST- ZIP PAISLEY, FL 32767

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

TITLE D ☐ DELETE
NAME Jerry D. Hatfield
STREET ADDRESS 39961 Skyline Drive
CITY- ST- ZIP Kematilla, FL. 32764

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

Joe W. Shipes 1/13/97 365-669-8129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014533

CR2E037 (9/96)