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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N96000000116

1. Corporation Name

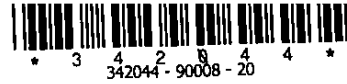
PAISLEY ASSOCIATION FOR RECREATIONAL KIDS, INC.

Principal Place of Business

P.O. BOX 514  
PAISLEY FL 32767

Mailing Address

P.O. BOX 514  
PAISLEY FL 32767



342044-90008-20



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

59-3427184

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

SHERMAN, MELVIN R  
42247 MAGGIE JONES RD  
PAISLEY FL 32767

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 DP  
NAME SHERMAN, MELVIN R  
STREET ADDRESS 42247 MAGGIE JONES RD  
CITY-ST-ZIP PAISLEY FL 32767

☐ DELETE

TITLE DVP  
NAME QUINN, LOIS  
STREET ADDRESS 43651 GRACIE DR  
CITY-ST-ZIP PAISLEY FL 32767

☐ DELETE

TITLE TD  
NAME SHERMAN, KIMBERLY  
STREET ADDRESS 25339 MARDON CIR  
CITY-ST-ZIP PAISLEY FL 32767

☐ DELETE

TITLE D  
NAME SHERMAN, EILEEN S  
STREET ADDRESS 42247 MAGGIE JONES RD  
CITY-ST-ZIP PAISLEY FL 32767

☐ DELETE

TITLE D  
NAME SHIPES, JOE W  
STREET ADDRESS 43809 SUNSET DR  
CITY-ST-ZIP PAISLEY FL 32767

☒ DELETE

TITLE D  
NAME SHERMAN, DAVID M  
STREET ADDRESS 25339 MARDON CIR  
CITY-ST-ZIP UMATILLA FL 32767

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC.  
1.2 NAME GAYLA HUNTER  
1.3 STREET ADDRESS 26428 PALMETTO CIR  
1.4 CITY-ST-ZIP PAISLEY FL 32767

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

352-383-4156

CR2E037-(11/98)