FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002615 (9)

REKLA	W RANCH, INC.				
Principal Place of Business Mailing Address					r ambistas des equis sodie ambis ambis delle delle delle delle stille sille sille sille sille sille sille sille
3220 OVERDALE STREET 3220 OVERDALE STREET DELTONA FL 32738 DELTONA FL 32738					3. Date Incorporated or Qualified 05/09/1997 4. FEI Number Applied For
					59-3445-3/5 Not Applicable
2. Principal Place of Business 2a. Mailing Address 25					5. Certificate of Status Desired \$8.75 Additional Fee Regulred
Suite, Apt. #, etc. Suite, Apt. #, etc.					Election Campaign Financing \$5.00 May Be
22 27 City & State City & State					Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23 28					Yes 12 No
Zip	Country	Zıp	Country	/	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Currel		30		Personal Property Tax due June 30. Yes 1/No 10. Name and Address of New Registered Agent
			81	Name	10. Walls alle realises of the tregless to High
WALKER, SHARON L			82	Street /	Address (P.O. Box Number is Not Acceptable)
3220 OVERDALE STREET					
DELTON	IA FL 32738		63		
			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 Storage, types or pented natural degistered agent and tike it applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ont and tile il applicable (NOTE ID DIRECTORS	Registered Age	ent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Lois Johnson, 5,2 Change Waddition
NAME	WALKER, SHARON L		1.2 NAME		Lois Johnson Dicharde Laddillon
STREET ADDRESS	3220 OVERDALE STREET		1.3 STREET	1	Delton Fl 32725
CITY-ST-ZIP TITLE			1.4 CITY-5 2.1 TITLE	ST-ZIP	Macia MNC Langue To Change Haddition
NAME	WALKER, DAVID A	- Decette	2.1 HILE 2.2 NAME		Maria Myckaniut D Change Addition 8 PRINCE Michael DK
STREET ADDRESS	2000 OLEON ALE ADDRESS		2 3 STREET	ADDRESS	Palm Coast F 32164
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	12011 7 3 4 107
TITLE	SD TOO	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		Jacqueline McGraw 146 Beechwood I-A
STREET ADDRESS CITY-ST-ZIP	DEL WOLLD EL GOMES		3.3 STREET 3.4, CITY -	ı	Palm Coast F1 32/37
TITLE	DECIONALE OF 100	☐ DELETE	4.1 TITLE	51-ZIF	D Change Waddition
NAME			4. 2 NAME	ĺ	Gladys D. Bonnett
STREET ADDRESS			4.3 STREET	ADDRESS	Eladys D. Bonnett 504 Hermits Th
CITY - ST - ZIP		Decem	4.4 CITY - S	T-ZIP	Altomone sommer by 3001
TITLE		☐ DELETE	5.1 TITLE	1	Change Addition
NAME Street address			5.2 NAME 5.3 STREET	ADDRESS	Richard Mayhew
CITY-ST-ZIP			5.4 CITY - S	- 1	De Jand FJ 182770
TITLE		☐ DELETE	6.1 TITLE	<u>-</u> -	☐ Change ☐ Addition
NAME			6.2 NAME	[
STREET ADDRESS			6.3 STREET	- 1	
CITY-ST-7IP			64 City - S	T_710 I	

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 ennual 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: SHARON L. WIALKER

19 Shella Pres 5/18/98 (407) 321-3396

FILED

Jun 11 1998 8:00am

Secretary of State

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