

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000003906

1. Corporation Name

JUNIPER LAKE CONSERVANCY, INC.

Principal Place of Business

**900 JUNIPER LAKE DR
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**900 JUNIPER LAKE DR
DEFUNIAK SPRINGS FL 32433**

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90017 034 *****8.75

07-14-1999 90017 033 *****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

59-3528847

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

**OWENS, LINDA K
900 JUNIPER LAKE DR
DEFUNIAK SPRINGS FL 32433**

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 **VD** ☐ DELETE

NAME **WOOD, SUSAN**
STREET ADDRESS **72 SERENITY CIR**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **TD** ☐ DELETE

NAME **BUSH, BETTY**
STREET ADDRESS **78 SERENITY CIR.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **D** ☐ DELETE

NAME **LAWYER, GORDON**
STREET ADDRESS **847 SQUIRREL RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **PD** ☐ DELETE

NAME **BRYANT, DEWITT**
STREET ADDRESS **1133 US HWY 90 W**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **SD** ☐ DELETE

NAME **OWENS, LINDA**
STREET ADDRESS **900 JUNIPER LAKE DR.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **D** ☐ DELETE

NAME **SMITH, MARY ANN**
STREET ADDRESS **363 BLACK BASS BLVD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99

850-892-0684

CR2E037 (11/98)

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