2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90184 001 ****61.25
02-27-2004 90184 002 *****8.75

66403687

MOORE CR2E037 (11/03)

DOCUMENT # N97000003906

1. Entity Name

JUNIPER LAKE CONSERVANCY, INC.

Principal Place of Business	Mailing Address
300 SQUIRREL RD DEFUNIAK SPRINGS FL 32433	300 SQUIRREL RD DEFUNIAK SPRINGS FL 32433

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 59-3528847 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, CARLITA
300 SQUIRREL RD
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name GALPIN-JOHNSON, SALLY

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

9 MARION DRIVE

City DEFUNIAK SPRINGS **FL** Zip Code 32433

8. 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 SALLY GALPIN-JOHNSON PRESIDENT 3/25/2004

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
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAWYER, GORDON 847 SQUIRREL RD. DEFUNIAK SPRINGS FL 32433	☒ Delete	PD GALPIN-JOHNSON, SALLY 9 MARION DRIVE DEFUNIAK SPRINGS FL 32433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUSH, BETTY 78 SERENITY CIRCLE DEFUNIAK SPRINGS FL 32433	☒ Delete	TD MCKENNEY, PEGGY 771 Bob McCaskill ROAD Defuniak Springs, FL 32433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, DONALD 827 SQUIRREL RD. DEFUNIAK SPRINGS FL 32433	☒ Delete	D WILSON-BOB 1238 CAT ISLAND RD. DEFUNIAK SPRINGS, FL 32433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEVENS, BILL 350 JUNIPER ISLAND DRIVE DEFUNIAK SPRINGS FL 32433	☐ Delete	VD STEVENS, BILL 350 JUNIPER ISLAND DRIVE DEFUNIAK SPRINGS FL 32433	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEVY, CARLITA 300 SQUIRRELL RD DEFUNIAK SPRINGS FL 32433	☒ Delete	SD GOCHENOUR, DEANNA 1195 Bob McCaskill ROAD DEFUNIAK SPRINGS, FL 32433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASSETT, JACK 258 MARION DR. DEFUNIAK SPRINGS FL 32433	☒ Delete	D LEE, LADON 411 JUNIPER ISLAND DR. DEFUNIAK SPRINGS, FL 32433	☒ Change ☐ Addition

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: Sally Galpin-Johnson 2/25/04 850-892-2936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #