


**2007 NOT-FOR-PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000003906 1. Entity Name JUNIPER LAKE CONSERVANCY, INC.		
Principal Place of Business 9 MARION DR. DEFUNIAK SPRINGS, FL 32433	Mailing Address 9 MARION DR. DEFUNIAK SPRINGS, FL 32433	



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3528847	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALPIN-JOHNSON, SALLY 9 MARION DRIVE DEFUNIAK SPRINGS, FL 32433
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IN THIS SPACE**

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 FEB 8, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALPIN-JOHNSON, SALLY 9 MARION DRIVE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKENNEY, PEGGY 771 BOB MCCASKILL ROAD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDYCK, BILL JUNIPER LAKE CAMPGROUND DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, BILL 350 JUNIPER ISLAND DRIVE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOCHENOUR, DEANNA 1195 BOB MCCASKILL ROAD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, LADON 411 JUNIPER ISLAND DR DEFUNIAK SPRINGS, FL 32433

U00000584544
01/12/07-80041-009 61.25

U00000584544
01/12/07-80041-010 8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, PRESIDENT Sally Galpin-Johnson 2/8/07 850-892-2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #