

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000006322**

1. Entity Name  
**FLEMINGTON AREA RECREATIONALA GROUP, INC.**



Principal Place of Business  
**8341 W. HWY. 318  
REDDICK, FL 32686**

Mailing Address  
**8341 W. HWY. 318  
REDDICK, FL 32686**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

**6. Name and Address of Current Registered Agent**

**SMITH, GEORGE E  
8341 W. HWY. 318  
REDDICK, FL 32686**

**DO NOT WRITE  
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

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, 2006**

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  
**D  
SMITH, GEORGE E  
8341 W. HWY. 318  
REDDICK, FL 32686**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GARMON, FREDDIE  
10021 W. HWY. 318  
REDDICK, FL 32686**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BREWER, MEHOGANY  
9601 W HWY 318  
REDDICK, FL 32686**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHEPPARD, MURRVIN  
10396 NW 193RD  
MICANOPY, FL 32667**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBINSON, JACKI  
8713 NW 181 PLACE  
REDDICK, FL 32686**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WADDELL, FRANK  
PO BOX 602  
ORANGE PARK, FL 32686**

— 000000390000  
— 01/23/06-80007-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*George E. Smith* **George E. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-06**

Date

**352-591-1312**

Daytime Phone #