

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000006322**

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



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

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



02202008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SMITH, GEORGE E
STREET ADDRESS	8341 W. HWY. 318
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	GARMON, FREDDIE
STREET ADDRESS	10021 W. HWY. 318
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	BREWER, MEHOGANY
STREET ADDRESS	9601 W HWY 318
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	SHEPPARD, MURRVIN
STREET ADDRESS	10396 NW 193RD
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	D
NAME	ROBINSON, JACKI
STREET ADDRESS	8713 NW 181 PLACE
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	WADDELL, FRANK
STREET ADDRESS	PO BOX 602
CITY-ST-ZIP	ORANGE PARK, FL 32686

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03/04/08-80009-014 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/14/08*

Date

*352-591-1312*

Daytime Phone #