
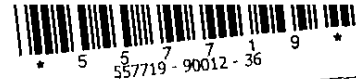


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90144 044 ****61.25

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|---|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N98000002497 | | | | | |
| 1. Corporation Name FLORAHOME RECREATION AND PARKS ASSOCIATION, INC. | | | | | |
| Principal Place of Business P O BOX 82 FLORAHOME FL 32140 | | | Mailing Address P O BOX 82 FLORAHOME FL 32140 | | |



| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 3. Date Incorporated or Qualified 04/29/1998 | |
| 4. FEI Number 59-3515508 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Trust Fund Contribution | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent PETERSON, AMANDA 184 EASY ST FLORAHOME FL 32140 | | | | 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 | | | |
|---|--|--|--|---|--|--|--|

14. 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 reappointing)

DATE

| | | | | | | | |
|-----------------------------------|--|---------------------------------|--|--|----------------------|---------------------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 1.1 TITLE | Chairman | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 1.2 NAME | James D. Hubner | | |
| STREET ADDRESS | | | | 1.3 STREET ADDRESS | 124 N Sipprell Road | | |
| CITY-ST-ZIP | | | | 1.4 CITY-ST-ZIP | Florahome, FL 32140 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | Secretary | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 2.2 NAME | Amanda Peterson | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | 184 Easy Street | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | Florahome, FL 32140 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | Treasurer | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 3.2 NAME | Lori Underwood | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | 250 TSBK | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | Florahome, FL 32140 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | D Linda Dixon | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 4.2 NAME | Linda Dixon | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | 1151 Coral Farms Rd | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | Florahome, FL 32140 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | D Ronnie Carnes | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | Ronnie Carnes | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | 507 Coral Farms Rd | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | Florahome, FL 32140 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | D Christina Hubner | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | Christina Hubner | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | 124 N. Sipprell Road | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | Florahome, FL 32140 | | |

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

904-325-2041

Date

Daytime Phone #

CR2E037 (4/1/98)