FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0079426

DOCUMENT # N98000003453

1. Corporation Name

SOLUTIA EMPLOYEES RECREATION ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
3000 OLD CHEMSTRAND ROAD GONZALEZ FL	P.O. BOX 97 GONZALEZ FL 32560

2. Principal Place of Business 21	**2a.** Mailing Address 26	**3.** Date Incorporated or Qualifed **06/15/1998**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	**4.** FEI Number 59-2810432 / Applied For / Not Applicable
City & State 23	City & State 28	**5.** Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	**6.** Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEAN, ELTON 3000 OLD CHEMSTRAND ROAD GONZALEZ FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. 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 reinstating)   DATE

12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P ☐ DELETE NAME: Adams, Glenda Nelle STREET ADDRESS: 410 Chadson St. CITY-ST-ZIP: Pensacola, Fl 32514	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D ☐ DELETE NAME: Eiton F dean STREET ADDRESS: 761 Piney Ln CITY-ST-ZIP: Cantonment Fl 32533	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D ☐ DELETE NAME: Wise, Shirley STREET ADDRESS: 150 Daylily Rd CITY-ST-ZIP: Cantonment, Fl 32533	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D ☐ DELETE NAME: Dreyer, Gary STREET ADDRESS: 3262 Wiggins Ln CITY-ST-ZIP: Cantonment, Fl 32533	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D ☐ DELETE NAME: Skirius, Steve STREET ADDRESS: 12811 Shadow Creek CITY-ST-ZIP: Pensacola, Fl 32514	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 _____   4/20/99   968-7471

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

CR2E037 (11/98)