

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90129 021 ****61.25

DOCUMENT # N98000005687

1. Entity Name
**WALLACE COUNTRY INDUSTRIAL PARK ASSOCIATION,
INC.**



Principal Place of Business

**5654 JASON LEE PL.
SARASOTA, FL 34233**

Mailing Address

**7330 S. TAMiami TRAIL
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0889241

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DRAKE, J. KEVIN
1432 FIRST ST.
SARASOTA, FL 34236**

**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, 2005**

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
WALLACE, EARL E
P.O. BOX 20588
SARASOTA, FL 34276**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WALLACE, NAOMI A
P.O. BOX 20588
SARASOTA, FL 34276**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
ROBERTS, DONNA DIANE
~~P.O. BOX 20306~~ P.O. Box 567
~~SARASOTA, FL 34276~~ ~~LOWELL, FL 32663~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05
Date

3523692334
Daytime Phone #