

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90013 020 ****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**

50000381



02242006 Chg-NP CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME WALLACE, EARL E
STREET ADDRESS P.O. BOX 20588
CITY-ST-ZIP SARASOTA, FL 34276

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

TITLE TSD ☐ Delete
NAME ROBERTS, DONNA DIANE
STREET ADDRESS PO BOX 567
CITY-ST-ZIP LOWELL, FL 32663

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Barry Seidel
STREET ADDRESS 7330 S. Tamiami Tr
CITY-ST-ZIP Sarasota, FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #