

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90451 019 ****61.25

DOCUMENT # N99000001082

1. Entity Name

**THE R.E.C. (RECREATION, EDUCATION AND COMMUNITY
INVOLVEMENT), INC.**



Principal Place of Business

**441 OCEAN VISTA AVE.
ST. AUGUSTINE FL 32084**

Mailing Address

**P.O. BOX 1436
ST. AUGUSTINE FL 32085**

2. Principal Place of Business

60 Orange Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

Zip

32084

Country

USA

Zip

Country

4. FEI Number **59-3558657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOLES, JOSEPH L JR.
120 CHARLOTTE ST.
ST. AUGUSTINE FL 32084**

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

FILE NOW: FEE IS \$61.25

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 **DRAKE, KATHY**
STREET ADDRESS **212 BLUEBIRD LANE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **VP** ☐ Delete
NAME **STRATTON, CLAY**
STREET ADDRESS **441 OCEAN VISTA AVE.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **TD** ☐ Delete
NAME **STRATTON, WENDY**
STREET ADDRESS **441 OCEAN VISTA AVE.**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **SD** ☐ Delete
NAME **KESHNER, SHERRIE**
STREET ADDRESS **37 MANRESA RD.**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **VP** ☐ Delete
NAME **BRADY, SUSAN**
STREET ADDRESS **121 14TH STREET**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CR2E037 (10/02)

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

1-10-03

904 819-4351