# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004 8:00 am**
**Secretary of State**
04-29-2004 90354 022 ****61.25

DOCUMENT # N23073

1. Entity Name
ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| RT 1, BOX 1624<br>O BRIEN, FL 32071 | RT 1, BOX 1624<br>O BRIEN, FL 32071 |

04212004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1217 SW. Concala Lp. | P.O. Box 487 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ft. White, Fla. | City & State: Ft. White, Fl. |
| Zip: 32038 Country: Columbia | Zip: 32038 Country: Columbia |

4. FEI Number: 59-2907455 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SMITH, TERRE S<br>RT 1, BOX 1624<br>O BRIEN, FL 32071 | Name: (Same) Terre S. Smith<br>Street Address (P.O. Box Number is Not Acceptable): 217 SW. Concala Lp<br>City: Ft. White FL Zip Code: 32038 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>JOHNSON, NORMAN<br>RT. 1, BOX 1646<br>O'BRIEN, FL 32071 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SMITH, TERRI<br>RT. 1 BOX 1624<br>O'BRIEN, FL 32071 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SMITH, TERRI<br>RT 1 BOX 1624<br>O'BRIEN, FL 32071 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CONE, MARTIN<br>RT 1, BOX 1612<br>O BRIEN, FL 32071 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Terre S. Smith Terre S. Smith 4/28/04 386-497-1996