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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **727798**

1. Corporation Name

FLORIDA TRAIL RIDERS, INC.

Principal Place of Business

PO BOX 1071
 DEBARY FL 32713-071
 US

Mailing Address

PO BOX 1071
 DEBARY FL 32713-071
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 32713-1071 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 32713-1071 29 Country

3. Date Incorporated or Qualified

10/18/1973

4. FEI Number

59-1538365

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

J. C. TERRELL
 911 WINDING OAKS DRIVE
 PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

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

TITLE P DELETE
 NAME EIGENMAN, CONRAD
 STREET ADDRESS 480 NORTH US #1
 CITY-ST-ZIP TITUSVILLE FL

TITLE VD DELETE
 NAME TERRELL, JC
 STREET ADDRESS 911 WINDING OAKS DRIVE
 CITY-ST-ZIP PALM HARBOR FL

TITLE SD DELETE
 NAME HUFFMAN, SHARON E.
 STREET ADDRESS 4755 KEY BISCAYNE DRIVE
 CITY-ST-ZIP TITUSVILLE FL

TITLE TD DELETE
 NAME NEW, STEVE
 STREET ADDRESS 2818 W CHARING RD
 CITY-ST-ZIP AVON PARK FL

TITLE M DELETE
 NAME GEORGE, DANIEL T
 STREET ADDRESS 116 JUAN ROAD
 CITY-ST-ZIP DEBARY FL 32713-3509

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition
 1.2 NAME Terry Enyart
 1.3 STREET ADDRESS 3444 Foxwood Blvd.
 1.4 CITY-ST-ZIP Zephyrhills, FL 33543

2.1 TITLE VD Change Addition
 2.2 NAME Jenni Lamb
 2.3 STREET ADDRESS 3165 Brentwood Lane
 2.4 CITY-ST-ZIP Melbourne, FL 32934

3.1 TITLE SD Change Addition
 3.2 NAME John Schnelbach
 3.3 STREET ADDRESS 2004-4 Beach Trail
 3.4 CITY-ST-ZIP Indian Rocks Beach, FL 33785

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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

4/7/99

407-668-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-41/98