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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731550 (0)**  
1. Corporation Name  
**CENTRAL FLORIDA TRAIL RIDERS, INC.**

Principal Place of Business Mailing Address  
**116 JUAN ROAD DEBARY FL 32713** **116 JUAN ROAD DEBARY FL 32713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/04/1975** 3a. Date of Last Report **01/19/1994**

4. FBI Number **59-3035122** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**STONE, RANDY  
672 KEUKA COURT  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when rotating)

12. OFFICERS AND DIRECTORS

TITLE **VD**  
NAME **DAVIS, MARK**  
STREET ADDRESS **589 WILBURTON DRIVE**  
CITY - ST - ZIP **DELTONA FL**

TITLE **SD**  
NAME **STONE, RANDY**  
STREET ADDRESS **672 KEUKA COURT**  
CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE **TD**  
NAME **GEORGE, DANIEL T**  
STREET ADDRESS **116 JUAN ROAD**  
CITY - ST - ZIP **DEBARY FL**

TITLE **P**  
NAME **BENNET, DORSEY**  
STREET ADDRESS **3209 TCU BLVD**  
CITY - ST - ZIP **ORLANDO FL 32817**

TITLE **D**  
NAME **MILLER, CHARLES**  
STREET ADDRESS **1621 UTAH BLVD**  
CITY - ST - ZIP **ORLANDO FL 32803**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
NAME **DUCA, STEVE**

1.2 NAME

1.3 STREET ADDRESS **1040 MILL RUN CIRCLE**

1.4 CITY - ST - ZIP **APRATA, FL 32703**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
NAME **HILL, STEVE**

4.2 NAME

4.3 STREET ADDRESS **P.O. BOX 531 #16**

4.4 CITY - ST - ZIP **DORABATA, FL 32776** **25341 ST. ANNE ST. MT. AUSTIN, FL 32776**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS **NONE**

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel T. George **DANIEL T. GEORGE** 2/12/95 407-230-5818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)