

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified 01/04/1975 3a. Date of Last Report 03/02/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

4. FEI 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, RANDY
672 KEUKA COURT
WINTER SPRINGS FL 32708

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	V <input type="checkbox"/> DELETE
NAME	DUGA, STEVE
STREET ADDRESS	1040 MILL RUN CIR
CITY-ST-ZIP	APOPKA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	STONE, RANDY
STREET ADDRESS	672 KEUKA COURT
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GEORGE, DANIEL T
STREET ADDRESS	116 JUAN ROAD
CITY-ST-ZIP	DEBARY FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HILL, STEVE
STREET ADDRESS	PO BOX 531 N/A
CITY-ST-ZIP	SORRENTO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, CHARLES
STREET ADDRESS	1621 UTAH BLVD
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANK, KATHIE
5.3 STREET ADDRESS	22434 HORIZON VISTA
5.4 CITY-ST-ZIP	KUMUL, FL 32726
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FINNERTY, KEITH
6.3 STREET ADDRESS	1104 CALLA STREET
6.4 CITY-ST-ZIP	ALTAMONTE SPRING, FL 32714

14. I do 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 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.

SIGNATURE: DANIEL T. GEORGE 11/5/96 407-668-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)