FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(0)

CENTRAL FLORIDA TRAIL RIDERS, INC. Principal Place of Business Mailing Address 116 JUAN ROAD 116 JUAN ROAD DEBARY FL 32713-3509 DEBARY FL 32713 3a. Date of Last Report 01/25/1996 3. Date Incorporated or Qualified 01/04/1975 4. FEI Number 59-3035122 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes X No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STONE, RANDY 82 Street Address (P.O. Box Number is Not Acceptable) 672 KEUKA COURT 83 WINTER SPRINGS FL 32708 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE **™** DELETE 1,1 TITLE Change DUGA, STEVE 1.2 NAME Keith Finnerty NAME 1040 MILL RUN CIR 1,3 STREET ADDRESS STREET ADDRESS 1104 Calla Street APOPKA FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Altamonte Springs, FL K DELETE Addition TITLE SD 2.1 TITLE STONE, RANDY 2.2 NAME NAME Twilah Johnson **672 KEUKÁ COURT** STREET ADDRESS 2.3 STREET ADDRESS 2829 Floral Way East WINTER SPRINGS FL CHTY-ST-ZIP 2. 4 CITY-ST-ZIP Apopka, FL 32703 DELETE Addition Change TITLE 3.1 TITLE GEORGE, DANIEL T NAME 3.2 NAME 116 JUAN ROAD 3.3 STREET ADDRESS STREET ADDRESS **DEBARY FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change 41 TITLE TITLE P/D HILL, STEVE 4. 2 NAME NAME PO BOX 531 N/A 4.3 STREET ADDRESS STREET ADDRESS 25341 St. Anne **SORRENTO FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP Mt. Plymouth, FL 32776 Change Addition KX DELETE 51 TITLE TITLE D FRANK, KATHIE NAME 5.2 NAME Frank L. Walls 22434 HORIZON VISTA 5.3 STREET ADDRESS STREET ADDRESS 8691 Hillside Drive **EUSTIS FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP Orlando, FL 32810 KX DELETE Change Addition 6.1 TITLE TITLE n FINNERTY, KEITH

14. I do 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 afinual report or supplemental annual poport 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 tryistee 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

1104 CALLA ST.

ALTAMONTE SPRINGS FL

NAME

STREET ADDRESS

CITY-ST-ZIP

HEQUIRED

407-668-2305

96/6)

FILED

Feb 03 1997 8:00am

Secretary of State