


FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731550 (0)

1. Corporation Name
CENTRAL FLORIDA TRAIL RIDERS, INC.



Principal Place of Business 116 JUAN ROAD DEBARY FL 32713	Mailing Address 116 JUAN ROAD DEBARY FL 32713
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3. Date Incorporated or Qualified 01/04/1975	
4. FEI Number 59-3035122	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 730 Delaney PK Dr	2a. Mailing Address 21 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 ORLANDO, FL	City & State
28	28
Zip 24 32806	Country 25 USA
29	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DUGA, STEVE	
STREET ADDRESS	1040 MILL RUN CIR	
CITY-ST-ZIP	APOPKA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, TWILAH	
STREET ADDRESS	2829 FLORAL WAY EAST	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GEORGE, DANIEL T	
STREET ADDRESS	116 JUAN ROAD	
CITY-ST-ZIP	DEBARY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILL, STEVE	
STREET ADDRESS	25341 ST ANNE	
CITY-ST-ZIP	MT PLYMOUTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLS, FRANK L	
STREET ADDRESS	8691 HILLSIDE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FINNERTY, KEITH	
STREET ADDRESS	1104 CALLA ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

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	S Keast, Susan
2.3 STREET ADDRESS	25341 ST. ANNE
2.4 CITY-ST-ZIP	MT. PLYMOUTH, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD KIRKLAND, ERESA
3.3 STREET ADDRESS	730 DELANEY PK DR -
3.4 CITY-ST-ZIP	ORLANDO, FL 32806
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D BERARD, ERIC
5.3 STREET ADDRESS	730 DELANEY PK DR
5.4 CITY-ST-ZIP	ORLANDO, FL 32806
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Elesa Kirkland **REQUIRED** Date: **1-31-98** Daytime Phone #: **800-544-4737**

CR2E037 (10/97)