

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731550

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: CENTRAL FLORIDA TRAIL RIDERS, INC.

**Current Principal Place of Business:**

1104 CALLA STREET  
ALTAMONTE SPRINGS, FL 327147210 US

**New Principal Place of Business:**

**Current Mailing Address:**

1104 CALLA STREET  
ALTAMONTE SPRINGS, FL 327147210 US

**New Mailing Address:**

FEI Number: 59-3035122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINNERTY, KEITH  
1104 CALLA STREET  
ALTAMONTE SPRINGS, FL 327147210 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: FINNERTY, CRISTIE  
Address: 1104 CALLA ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD ( ) Delete  
Name: HODGE, SUSAN  
Address: 328 17TH AVE  
City-St-Zip: OCOEE, FL 347611730

Title: VD ( ) Delete  
Name: CAMPBELL, MARK  
Address: 485 SPRINGWOOD CT.  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: KEVIN, WRIGHT  
Address: 1183 ALICANTE AVENUE  
City-St-Zip: ORLANDO, FL 32807

Title: PD ( ) Delete  
Name: FINNERTY, KEITH  
Address: 1104 CALLA ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTIE FINNERTY

SEC

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date