


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90097 031 \*\*\*\*61.25

**DOCUMENT # N02000007620**

1. Entity Name  
 TRAIL OF THE LOST TRIBES, INC.



Principal Place of Business  
 785 CAPRI BLVD  
 TREASURE ISLAND, FL 33706

Mailing Address  
 785 CAPRI BLVD  
 TREASURE ISLAND, FL 33706

**50028320**



03162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-1028180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RIEF, FRANK J III  
 442 WEST KENNEDY BLVD.  
 SUITE 340  
 TAMPA, FL 33606

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBINS, NICHOLAS 3400 N MUSEUM POINT CRYSTAL RIVER, FL 344287724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DORIS 1620 PARK ST N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> SCHOBER, THERESA 289 CONNECTICUT ST FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOCK, ROGER 785 CAPRI BOULEVARD TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARDREN, MARTHA 632 GOLDEN GATE POINT SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, SHEILA 2130 BURLINTON AVE N SAINT PETERSBURG, FL 33713

*PLEASE SEE LIST OF ADDITIONAL DIRECTORS ATTACHED*

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER F. BLOCK **ROGER F. BLOCK** 3/16/05 (727) 367-8381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT SD028320  
#NO20000007620

**Additional Directors on the Board of the Trail of the Lost Tribes, Inc. (3/16/05)**

1. **Debra Hinkle**  
27210 Soutl Dr.  
Brooksville, FL 34602
  
2. **Brenda Swann**  
Florida Bureau of Archaeological Research  
500 S. Bronough St.  
Tallahassee, FL 32399-0250
  
3. **Charles E. Fenwick (Ex-officio)**  
De Soto National Memorial  
P.O. Box 15390  
Bradenton, FL 34280