

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90088 012 \*\*\*\*61.25

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # N02000007620</b>  |  |   |  |  |  |
| <b>1. Entity Name</b><br>TRAIL OF FLORIDA'S INDIAN HERITAGE, INC.   |  |   |  |  |  |
| <b>Principal Place of Business</b><br>785 CAPRI BLVD.<br>TREASURE ISLAND, FL 33706  |  |   | <b>Mailing Address</b><br>P.O. BOX 778<br>DUNEDIN, FL 34697                |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>   |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |  |
| City & State  |  | City & State  |  | <b>4. FEI Number</b><br>33-1028180   |  |
| Zip   |  | Country   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |   |  | <b>7. Name and Address of New Registered Agent</b>   |  |
| RIEF, FRANK J III<br>442 WEST KENNEDY BLVD.<br>SUITE 340<br>TAMPA, FL 33606   |  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                     |  |
|   |  |   |  | FL Zip Code  |  |
| <b>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.</b>  |  |   |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | D<br>ROBBINS, NICHOLAS<br>3400 N MUSEUM POINT<br>CRYSTAL RIVER, FL 344287724 | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | S<br>ANDERSON, DARIS<br>1620 PARK ST. N.<br>ST PETERSBURG FL 33710                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | T<br>PEKETE, RONALD<br>POB 778<br>DUNEDIN, FL 34697                          | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | FEKETE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | V<br>SCHOBER, THERESA<br>289 CONNECTICUT ST<br>FORT MYERS BEACH, FL 33931    | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>SWANN, BRENDA<br>3115 HARGILL DR<br>ORLANDO FL 32806  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | T<br>BLOCK, ROGER<br>785 CAPRI BOULEVARD<br>TREASURE ISLAND, FL 33706        | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | P<br>BLOCK, ROGER<br>785 CAPRI BLVD.<br>TREASURE ISLAND FL 33706                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | S<br>ARDREN, MARTHA<br>632 GOLDEN GATE POINT<br>SARASOTA, FL 34236           | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>ARDREN, MARTHA<br>35303 S.W 180 AVE #412<br>FLORIDA CITY FL 33034                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | D<br>STEWART, SHEILA<br>2130 BURLINTON AVE N<br>SAINT PETERSBURG, FL 33713   | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>POLK, BRIAN<br>601 PONCE DELEON BLVD / PO BOX 1938<br>DEERON SPRINGS, FL 32130                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |  |   |  |  |  |
| <b>SIGNATURE:</b> <u>RONALD FEKETE</u> <i>Ronald Fekete</i> 4/29/07 727-734-5077 727-726-1668   |  |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |   |  |  |  |

ATTACHMENT

40100565

#N02000007620

ADDITIONAL DIRECTOR OF

TRAIL OF FLORIDA'S INDIAN HERITAGE

D (EX-OFFICIO) MANAGER DE SOTO NATIONAL MEMORIAL

PARQUE, SCOTT

PO BOX 15390

BRADENTON, FL 34280-5390

MY MAILING ADDRESS IS THE MAILING ADDRESS  
OF THE TRAIL. IF YOU NEED A RESIDENCE ADDRESS  
FOR ME — IT IS:

1041 SAN SALVADOR DR.

DUNEDIN, FL 34698

Ronald Sebete