

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708302

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** THE FLORIDA TRAIL ASSOCIATION, INC.

**Current Principal Place of Business:**

5415 SW 13 ST.  
GAINESVILLE, FL 326085037 US

**New Principal Place of Business:**

**Current Mailing Address:**

5415 SW 13 ST.  
GAINESVILLE, FL 326085037 US

**New Mailing Address:**

FEI Number: 23-7079720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AKERSON, JANET  
C/O 5415 SW 13 ST.  
GAINESVILLE, FL 32608 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: P  
Name: SCHOMAKER, CARLOS  
Address: 6025 MACBETH LANE  
City-St-Zip: FT. MYERS, FL 33908

Title: T  
Name: WILLIAMSON, JEAN  
Address: PO BOX 521183  
City-St-Zip: LONGWOOD, FL 32752

Title: VP  
Name: BARBOUR, EVE  
Address: 415 LAKEPOINTE DRIVE #104  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP  
Name: DANIEL, TOM  
Address: PO BOX 36065  
City-St-Zip: PENSACOLA, FL 32516

Title: S  
Name: WHEELER, LESLIE  
Address: 3694 PINE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: CARLOS SCHOMAKER

P

05/01/2012

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

\_\_\_\_\_  
Date