
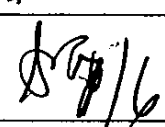


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002056 1. Entity Name FRIENDS OF THE GAINESVILLE-HAWTHORNE TRAIL, INC.						FILED 06 JUL -6 PM 2:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business PO BOX 357841 GAINESVILLE, FL 32635				Mailing Address PO BOX 357841 GAINESVILLE, FL 32635			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ANKERSEN, THOMAS T 1626 NW 11TH RD GAINESVILLE, FL 32605				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, THOMAS J 3027 NW 49TH ST GAINESVILLE, FL 326066068 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVENS, THOMAS J. 3027 NW 49TH ST GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, EWEN 3215 NW 17TH STREET GAINESVILLE, FL 32605 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, EWEN 3215 NW 17TH ST GAINESVILLE FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSETER, NANCY 3215 NW 17TH STREET GAINESVILLE, FL 32605 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIA REISKIND 213 SW 41ST ST GAINESVILLE, FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APLIN, MARY S 3130 NW 10TH PL GAINESVILLE, FL 32605 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APLIN, MARY S 3130 NW 10TH PL GAINESVILLE FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, WALT 1411 NW 31ST ST GAINESVILLE, FL 32605 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOWIE, PERRY 1577 SE 69TH WAY GAINESVILLE, FL 32641 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CAROL 525 NE 10TH AVE GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: <i>EWEN M. THOMPSON</i> Ewen M. Thompson President				3/21/2006 (352) 373 3485			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Colleen M. Castille
Secretary

June 30, 2006

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to request the Corporation Reinstatement of Friends of Gainesville-Hawthorne Trail, Inc. They are a duly authorized citizen support organization, which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122. This filing is exempt from any fees when certified by this department.

If further information is needed, feel free to contact Phillip Werndli at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/kh

Attachments