


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000006232		
1. Entity Name FLORIDA GREENWAYS AND TRAILS FOUNDATION, INC.		

Principal Place of Business 3900 COMMONWEALTH BLVD, MS 795 TALLAHASSEE, FL 32399-3000	Mailing Address 3900 COMMONWEALTH BLVD, MS 795 TALLAHASSEE, FL 32399-3000
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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09032008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3742206	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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CFRA, LLC  
4221 WEST BOY SCOUT BOULEVARD  
SUITE 1000  
TAMPA, FL 33607

7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, SARAH ANN 814 SOUTH ORLEANS AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> EDWARDS, GEORGE <del>6706 NW 18TH AVENUE</del> GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOEHLER, HELEN 1950 SE 111TH COURT MORRISTON, FL 32668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD DUNKEL, RICH 2314 HILLSIDE DR. MOUNT DORA, FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMEE, BILL 4808 22ND AVENUE WEST BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLER, HERB PO BOX 649 GEORGETOWN, FL 321390649	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERRITT O'Brien 2706 Greenacre Drive Sebring, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Burns 223 E. Bay Street Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. Dale Allen Trust for Public Lands 306 N. Monroe Street Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Helen Koehler Helen Koehler (352)3170273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #