2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # N02000001405

FILED Mar 18, 2004 8:00 am Secretary of State

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FLORIDA CATHOLIC HERITAGE TRAIL, INC.					03	-10-2004 200	25 005	01.2	J
Principal Plac	ce of Business	Mailing Address							
602 WINTERBROOKE WAY		PO BOX 5034							
SUN CITY C		SUN CITY CENTER FL	33571		4 1881(in)			200 FIGURE	ar ought to the
2. Principal F	Place of Business	3. Mailing Address			181				
Suite, Apt. #, etc.		Suite, Apt. #, etc.) (*** ()	MOORE	CR2E03	7 (11/03)
City & State		City & State			4. FEI Number	04-3608054			Applied For
Zip	Country	Zip	Country		5. Certificate of		<u> </u>	\$8.75 / Fee Requ	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered		
			Nam						
HARKINS, JAMES J IV			Stree	et Address (P.	O. Box Number i	is Not Acceptable	e)		
	WINTERBROOKE WAY NOTY CENTER FL								· ·
			City				FL	Zip C	ode
	named entity submits this statement for	the purpose of changing its	registered offic	e or registered	d agent, or both,	in the State of Fig	orida. Lam	familiar w	ith, and accept
the obligat	tions of registered agent.								
		•							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent si	gnature required w	hen reinstating)		DATE		
	EU E NOW: EEE IS \$61.26	9 Flection Carr	nnaign Einancin			Secondary Man	ka Chaa	c Davah	la la salas s
	FILE NOW: FEE IS \$61.25 Due By May 1; 2004	9. Election Carr Trust Fund C		,	\$5.00 May Be Added to Fees		ike Checi da Depar		
10.	Due By May 1; 2004 OFFICERS AND DIF	Trust Fund C		AC	55.00 May Be Added to Fees		da Depar	tment o	f State
10.	Due: By May: 1; 2004 OFFICERS AND DIF	Trust Fund C	20ntribution. 11. HTLE	AC AC	55.00 May Be Added to Fees	Florio IGES TO OFFICE	da Depar RS AND DI	tment o	f State
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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.