

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-18-2004 90025 009 ****61.25

DOCUMENT # N02000001405

1. Entity Name

FLORIDA CATHOLIC HERITAGE TRAIL, INC.



Principal Place of Business

602 WINTERBROOKE WAY
SUN CITY CENTER FL

Mailing Address

PO BOX 5034
SUN CITY CENTER FL 33571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3608054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARKINS, JAMES J IV
602 WINTERBROOKE WAY
SUN CITY CENTER FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HARKINS, JAMES J IV
602 WINTERBROOKE WAY
SUN CITY CENTER FL 33573-6954 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUMPOUS, HAROLD
1002 FORDHAM DR.
SUN CITY CENTER FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOEFFER, ROBERT J
602 WINTERBROOKE WAY
SUN CITY CENTER FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MCCARRON, D. MICHAEL
313 CALHOUN STREET
TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILLIGAN, THOMAS E
1301 SW 26TH AVENUE
FORT LAUDERDALE FL 33312 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SHACKELFORD, RONALD
1942 WOLF LAUREL DRIVE
SUN CITY CENTER FL 33573-6439 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEONARD PLZEWSKI
821 S. DALE MABRY HWY.
TAMPA, FL 33609-4410 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ronald Shackelford* *Ronald Shackelford* 3/15/04 813-634-7819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #