


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2005 08:00 AM
Secretary of State

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
---	--



1st MOORE CR2E037 (10/04)

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 <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
HARKINS, JAMES J IV 602 WINTERBROOKE WAY SUN CITY CENTER FL

7. Name and Address of New Registered Agent	
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 reconstituting)	DATE
-----------	--	---	------

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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	
TITLE	DP <input type="checkbox"/> Delete
NAME	HARKINS, JAMES J IV
STREET ADDRESS	602 WINTERBROOKE WAY
CITY- ST- ZIP	SUN CITY CENTER FL 33573-6954
TITLE	D <input type="checkbox"/> Delete
NAME	BUMPOUS, HAROLD
STREET ADDRESS	1002 FORDHAM DR.
CITY- ST- ZIP	SUN CITY CENTER FL 33573
TITLE	S <input type="checkbox"/> Delete
NAME	PLZEWSKI, LEONARD
STREET ADDRESS	821 S. DALE MABRY HWY.
CITY- ST- ZIP	TAMPA FL 33609-4410
TITLE	DV <input type="checkbox"/> Delete
NAME	MCCARRON, D. MICHAEL
STREET ADDRESS	313 CALHOUN STREET
CITY- ST- ZIP	TALLAHASSEE FL 32301
TITLE	I <input type="checkbox"/> Delete
NAME	SHACKELFORD, RONALD
STREET ADDRESS	1942 WOLF LAUREL DRIVE
CITY- ST- ZIP	SUN CITY CENTER FL 33573-6439
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Ronald Shackelford, Treasurer</i>	2/4/05	813-634-7819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #