2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001405

1. Entity Name
FLORIDA CATHOLIC HERITAGE TRAIL, INC.

FILED
Mar 17, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
602 WINTERBROOKE WAY SUN CITY CENTER, FL	PO BOX 5034 SUN CITY CENTER, FL 33571

02202006 No Chg-NP CR2E037 (11/05)

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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

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

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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: James J. Harkins IV James J. Harkins IV 14March
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARKINS, JAMES J IV
STREET ADDRESS	602 WINTERBROOKE WAY
CITY-ST-ZIP	SUN CITY CENTER, FL 335736954
TITLE	D
NAME	BUMPOUS, HAROLD
STREET ADDRESS	1002 FORDHAM DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	S
NAME	PLZEWSKI, LEONARD
STREET ADDRESS	821 S. DALE MABRY HWY.
CITY-ST-ZIP	TAMPA, FL 336094410
TITLE	DV
NAME	MCCARRON, D. MICHAEL
STREET ADDRESS	313 CALHOUN STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	T
NAME	SHACKELFORD, RONALD
STREET ADDRESS	1942 WOLF LAUREL DRIVE
CITY-ST-ZIP	SUN CITY CENTER, FL 335736439
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000471345
03/28/06-80050-005 61.25

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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: James J. Harkins IV James J. Harkins 14March06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #