## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N02000007620**

1. Entity Name

TRAIL OF THE LOST TRIBES, INC.



Principal Place of Business

785 CAPRI BLVD

TREASURE ISLAND, FL 33706

Mailing Address

785 CAPRI BLVD

TREASURE ISLAND, FL 33706

## **FILED** Mar 21, 2005 8:00 am **Secretary of State**

03-21-2005 90097 031 \*\*\*\*61.25

50028320



03162005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 33-1028180

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

= ...6. Name and Address of Current Registered Agent = .....

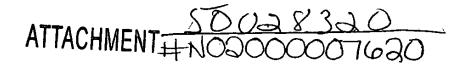
RIEF, FRANK J III 442 WEST KENNEDY BLVD. SHITE 340

## DO NOT WRITE

TAMPA, FL 33606			IN THIS SPACE		
	Α				
8. The above named entity submits this statement for the pultipose 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.					
-	•	į.			
SIGNATURE  Signature, typoid or printed name of registered agent and title if adjacable. (NOTE: Registered Agent signature required when reinstating)  DATE					
Segments, year or primaries and an arrangement of the segment of t					
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS			
TITLE	P	<b>*</b>			
NAME	ROBBINS, NICHOLAS				
STREET ADDRESS	3400 N MUSEUM POINT				
CITY-ST-ZIP	CRYSTAL RIVER, FL 344287724				
THLE	D	Q,			
NAME	ANDERSON, DORIS	400			
STREET ADDRESS	1620 PARK ST N	•			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710				
TITLE	er VP	1 8 W	•		
NAME	SCHOBER, THERESA	6, 20, 24			
STREET ADDRESS	289 CONNECTICUT ST	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		- DO	NOT WRITE
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	مر المرابع			MOI WHILL
TITLE	т	<b>χον</b> . Δ <sup>α</sup> . Ω		IN	THIS SPACE
NAME	BLOCK, ROGER	The dre		1114	THIS STASE
STREET ADDRESS	785 CAPRI BOULEVARD	D, 440,			
CRTY-ST-ZIP	TREASURE ISLAND, FL 33706	PLOT OF AND LIST TROPES  PORTIFICACIÓN DIFTERMENTO			
TITLE	s	•			
NAME	ARDREN, MARTHA				
STREET ADORESS	632 GOLDEN GATE POINT				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	ם				
NAME	STEWART, SHEILA	1			
STREET ADDRESS	2130 BURLINTON AVE N				

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 or an attactment with an address, with all other like empowered.

SAINT PETERSBURG, FL 33713



Additional Directors on the Board of the Trail of the Lost Tribes, Inc. (3/16/05)

- Debra Hinkle
   27210 Soult Dr.
   Brooksville, FL 34602
- Brenda Swann
   Florida Bureau of Archaeological Research
   500 S. Bronough St.
   Tallahassee, FL 32399-0250
- Charles E. Fenwick (Ex-officio)
  De Soto National Memorial
  P.O. Box 15390
  Bradenton, FL 34280