

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90098 043 ****61.25

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		
2. Principal Place of Business P.O. BOX 778		3. Mailing Address P.O. BOX 778			
Suite, Apt. #, etc. 8		Suite, Apt. #, etc.			
City & State DUNEDIN FL		City & State DUNEDIN FL		4. FEI Number 33-1028180	
Zip 34697		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIEF, FRANK J III 442 WEST KENNEDY BLVD. SUITE 340 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBINS, NICHOLAS 3400 N MUSEUM POINT CRYSTAL RIVER, FL 344287724 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, NICHOLAS 3400 N. MUSEUM POINT CRYSTAL RIVER, FL 34428 7724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DORIS 1620 PARK ST N SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEKETE, RONALD P.O. BOX 778 DUNEDIN, FL 34697 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHOBER, THERESA 289 CONNECTICUT ST FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEILY, ELIZABETH 5409 21ST. AVE. S. GULFPORT, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOCK, ROGER 785 CAPRI BOULEVARD TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOCK, ROGER 785 CAPRI BLVD. TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARDREN, MARTHA 632 GOLDEN GATE POINT SARASOTA, FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDREN, MARTHA 35303 SW 180 AVE., #412 FLORIDA CITY, FL 33034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, SHEILA 2130 BURLINTON AVE N SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, VIRGINIA 601 MUSEUM COURT BROOKSVILLE, FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: ROGER F. BLOCK <i>Roger F. Block</i> 1/9/06 (727) 367-0381 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

6000 5608
#H 02000007620

ADDITIONAL DIRECTORS OF THE TRAIL OF
THE LOST TRIBES, INC.

D
SWANN, BRENDA
14771 SAPODILLA DRIVE
ORLANDO, FL 32828

D
COLLINS, LORI
DEPARTMENT OF ANTHROPOLOGY
4202 E. FOWLER AVE., SOC 107
TAMPA, FL 33620-8100

D
KEVILL, CLIFF (EX OFFICIO)
CHIEF RANGER
DE SOTO NATIONAL MEMORIAL
P.O. BOX 15390
BRADENTON, FL 34280