


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90032 021 ****61.25

DOCUMENT # N02000007620 1. Entity Name TRAIL OF FLORIDA'S INDIAN HERITAGE, INC.					
Principal Place of Business 785 CAPRI BLVD. TREASURE ISLAND, FL 33706			Mailing Address P.O. BOX 778 DUNEDIN, FL 34697		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 785 CAPRI BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TREASURE ISLAND, FL			
Zip	Country	Zip 33706	Country USA	4. FEI Number 33-1028180	
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 SAHRE Street Address (P.O. Box Number is Not Acceptable) SAN TRUST FINANCIAL CENTER, SUITE 1700 401 EAST JACKSON STREET City TAMPA, FL FL Zip Code 33602-5250		
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 re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	S DORIS, ANDERSON 1620 PARK ST. N SAINT PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIK, ANDERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERIK, ANDERSON 1620 PARK ST. N. ST. PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEKETE, RONALD POB 778 DUNEDIN, FL 34697 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEKETE, RONALD POB 778 DUNEDIN, FL 34697 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHOBBER, THERESA 289 CONNECTICUT ST FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOCK, ROGER 785 CAPRI BOULEVARD TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 35303 SW 180 AVE #412 FLORIDA CITY, FL 33034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 POLK, BRIAN 601 PONCE DE LEON BLVD PO BOX 1338 DE LEON SPRINGS, FL 32130 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLK, BRIAN 601 PONCE DE LEON BLVD., P.O. BOX 1338 DE LEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Change <input 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> 1/16/08 (727) 367-8381 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40009156

NO2000007626

2007 - 2008 Trail Board Member Contact Data

Brenda Swann – Director
Heritage Education and Preservation
3115 Hargill Drive
Orlando, FL 32806
(407) 968-5715

Scott Pardue-Director (ex-officio)
Manager De Soto National Memorial
P.O. Box 15390
Bradenton, FL 34280-5390

Anne Reynolds - Director
Kissimmee Valley Archaeological &
Historical Conservancy
80 Bear Point Lane
Lake Placid, FL 33852

Tommy Abood – Director
Lost Horizon, Inc.
3857 Indian Trail, #403
Destin, FL 32541