

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90205 036 ****61.25

DOCUMENT # N03000001066

1. Entity Name
GLEN PLANTATION NATURE TRAIL ASSOCIATION, INC.



Principal Place of Business
**285 NW 138TH TERRACE, SUITE 100
JACKSONVILLE, FL 32669**

Mailing Address
**285 NW 138TH TERRACE, SUITE 100
JACKSONVILLE, FL 32669**



2. Principal Place of Business - No P.O. Box #
515 South 6th Street

3. Mailing Address
7436 Woodlawn Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Macclenny, FL

City & State
Macclenny, FL

Zip
32063

Country
USA

Zip
32063

Country
USA

04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0785771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CURTIS, RYAN C.
285 NW 138TH TERR
SUITE 100
JACKSONVILLE, FL 32669**

7. Name and Address of New Registered Agent

Name
Terrence M. Brown, PA

Street Address (P.O. Box Number is Not Acceptable)

486 North Temple Avenue

City
Starke

FL

Zip Code
32091

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
PD ☒ Delete
NAME
CURTIS, JOHN M SR
STREET ADDRESS
11635 NW 1ST AVE.
CITY-ST-ZIP
GAINESVILLE, FL 32607

TITLE
STD ☐ Delete
NAME
KNABB, TODD L
STREET ADDRESS
7436 WOODLAWN RD
CITY-ST-ZIP
MACCLENLY, FL 32063

TITLE
VD ☐ Delete
NAME
RHODEN, THOMAS R
STREET ADDRESS
515 SOUTH 6TH ST
CITY-ST-ZIP
MACCLENLY, FL 32063

TITLE
☐ Delete
NAME
Knabb, Lisa W.
STREET ADDRESS
7436 Woodlawn Road
CITY-ST-ZIP
Macclenny, FL 32063

TITLE
☐ Delete
NAME
Knabb, Lisa W.
STREET ADDRESS
7436 Woodlawn Road
CITY-ST-ZIP
Macclenny, FL 32063

TITLE
☐ Delete
NAME
Knabb, Lisa W.
STREET ADDRESS
7436 Woodlawn Road
CITY-ST-ZIP
Macclenny, FL 32063

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
☐ Change ☐ Addition
NAME
Knabb, Lisa W.
STREET ADDRESS
7436 Woodlawn Road
CITY-ST-ZIP
Macclenny, FL 32063

TITLE
PD ☒ Change ☐ Addition
NAME
Knabb, Lisa W.
STREET ADDRESS
7436 Woodlawn Road
CITY-ST-ZIP
Macclenny, FL 32063

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CITY-ST-ZIP
Macclenny, FL 32063

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #