

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005274

FILED
Apr 24, 2008
Secretary of State

Entity Name: PALM CITY FARMS TRAIL ASSOCIATION INCORPORATED

Current Principal Place of Business:

6308 SW 33RD ST.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

6308 SW 33RD ST.
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 30-0195639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEWMAKER, RON
6308 SW 33RD ST.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEWMAKER, RON
Address: 6308 SW 33RD ST.
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: NEW, DENNIE
Address: 7194 SW BUSCH ST.
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: WOEBER, JOYCE
Address: P.O. BOX 256
City-St-Zip: PALM CITY, FL 34991

Title: VD () Delete
Name: NEW, CANDY
Address: 7194 SW BUSCH ST.
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: STREIBER, JUDY
Address: 5581 SW MARKEL ST
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: WEAVER, PEG
Address: 5905 SW SAVAGE ST.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHEWMAKER, RON
Address: 6308 SW 33RD ST.
City-St-Zip: PALM CITY, FL 34990

Title: PD (X) Change () Addition
Name: NEW, DENNIE
Address: 7194 SW BUSCH ST.
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SHEWMAKER, PAT
Address: 6308 SW 33RD ST
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON SHEWMAKER

DIRE

04/24/2008

Electronic Signature of Signing Officer or Director

Date