

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005274

FILED  
Apr 14, 2009  
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: D ( ) Delete  
Name: SHEWMAKER, RON  
Address: 6308 SW 33RD ST.  
City-St-Zip: PALM CITY, FL 34990

Title: PD ( ) 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: SHEWMAKER, PAT  
Address: 6308 SW 33RD 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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

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

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date