

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009821

1. Entity Name
THE FARMS NATURE TRAIL ASSOCIATION, INC.



Principal Place of Business
285 NW 138TH TERR., SUITE 100
JONESTOWN, FL 32669

Mailing Address
285 NW 138TH TERR., SUITE 100
JONESTOWN, FL 32669

JK

FILED
05 APR 19 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
20-0785817

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
JONESTOWN, FL 32669

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
CURTIS SR., JOHN M
285 NW 138TH TERR., SUITE 100
JONESTOWN, FL 32669

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
KNABB, TODD L
285 NW 138TH TERR., SUITE 100
JONESTOWN, FL 32669

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
RHODEN, THOMAS R
285 NW 138TH TERR., SUITE 100
JONESTOWN, FL 32669

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/06/05--01038--018 **70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

John M. Curtis
President/Director

3/9/05

352-332-0838

Date

Daytime Phone #