## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2008 8:00 am Secretary of State

DOCUMENT # N0300009821  1. Entity Name THE FARMS NATURE TRAIL ASSOCIATION, INC.				Special Control of the Control of th		3 90081 025 ****(	51.25	
515 S 6TH ST 743		Mailing Address 7436 WOODLAWN RD MACCLENNY, FL 32063	436 WOODLAWN RD			M 1880 FEBRUARINA 1802 1808 BA		
2. Principal Place of Business - No P.O. Box # 3. N		Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 20-07858	317	<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 Add Fee Required		
6.	Name and Address of Current Re	gistered Agent		7. Name and A	ddress of New R	egistered Agent		
PROVING TERRANOF AS DA			Name Te	Name Terence M. Brown, PA				
BROWN, TERRANCE M PA 486 B TEMPLE AVE STARKE EL 2001				Street Address (P.O. Box Number is Not Acceptable)				
STARKE, FL 32091				486 North Temple Avenue				
*.			City Sta	Starke FL Zipcod 32091				
the obligations o	d entity submits this statement for the fregistered agent.  re, typed or prinled name of registered agent and		Registered Agent signature requ	•	The State of Tic	DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.1				Added to Fees	j i			
	OFFICERS AND DIREC	CTORS	11.			RS AND DIRECTORS IN		
TITLE DST	7	CTORS Delete	TITLE					
TITLE DST	T ABB, LISA W		TITLE NAME			RS AND DIRECTORS IN	10	
TITLE DST NAME KNA STREET ADDRESS 7430	T ABB, LISA W 6 WOODLAWN RD		TITLE			RS AND DIRECTORS IN	10	
TITLE DST NAME KNA STREET ADDRESS 7430	T ABB, LISA W	☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP			RS AND DIRECTORS IN	10 Addition	
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TITLE DST NAME , KNA STREET ADDRESS 7430 CITY-ST-ZIP MAC TITLE DP NAME KNA STREET ADDRESS 7430 CITY-ST-ZIP MAC TITLE DVF	ABB, LISA W 6 WOODLAWN RD CCLENNY, FL 32063  ABB, TODD L 6 WOODLAWN RD CCLENNY, FL 32063	☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			RS AND DIRECTORS IN	10 Addition	
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12. I nereby 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 suppliemental 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

Date