

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009821

FILED  
Mar 24, 2010  
Secretary of State

**Entity Name:** THE FARMS NATURE TRAIL ASSOCIATION, INC.

**Current Principal Place of Business:**

515 S 6TH ST  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

7436 WOODLAWN RD  
MACCLENNY, FL 32063

**New Mailing Address:**

**FEI Number:** 20-0785817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, TERRANCE M PA  
486 N TEMPLE AVE  
STARKE, FL 32091 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: DST  
Name: KNABB, LISA W  
Address: 7436 WOODLAWN RD  
City-St-Zip: MACCLENNY, FL 32063

Title: DP  
Name: KNABB, TODD L  
Address: 7436 WOODLAWN RD  
City-St-Zip: MACCLENNY, FL 32063

Title: DVP  
Name: RHODEN, THOMAS R  
Address: 285 NW 138TH TERR., SUITE 100  
City-St-Zip: JONESVILLE, FL 32669

I hereby 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 all other like empowered.

SIGNATURE: TODD L. KNABB

DP

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date