

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010084

1. Entity Name

ST. MARKS TRAIL ASSOCIATION, INC.



Principal Place of Business
219 PINE LANE
CRAWFORDVILLE, FL 32327

Mailing Address
219 PINE LANE
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004

Chg-NP

CR2E037 (10/03)

4. FEI Number

33-1075816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, ANN
219 PINE LANE
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HUNTER, JEFF
STREET ADDRESS 219 PINE LANE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE STD ☐ Delete
NAME HUNTER, ANN
STREET ADDRESS 219 PINE LANE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE VD ☐ Delete
NAME KAVANAUGH, DANIEL
STREET ADDRESS 1888 MILLS ST.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☒ Delete
NAME WILSON, GREG
STREET ADDRESS 191 PINE LANE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 900035722203
STREET ADDRESS 05/06/04--01068--008 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Timothy P. Phillips
CITY-ST-ZIP 12334 Dragonfly Ct. 32317
Tallahassee, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/27/04

(850) 925-7966

Date

Daytime Phone #