2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# N03000010084

Entity Name: ST. MARKS TRAIL ASSOCIATION, INC.

Current Principal Place of Business:

219 PINE LANE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

219 PINE LANE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 33-1075816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUNTER, ANN
219 PINE LANE
CRAWFORDVILLE, FL 32327 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: PD ( ) Delete
Name: HUNTER, JEFF
Address: 219 PINE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD ( ) Delete
Name: HUNTER, ANN
Address: 219 PINE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD ( ) Delete
Name: KAVANAUGH, DANIEL
Address: 1888 MILLS ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: PHILLIPS, TIMOTHY P
Address: 1234 DRAGONFLY CT
City-St-Zip: TALLAHASSEE, FL 32317

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF HUNTER PD 05/05/2006
Electronic Signature of Signing Officer or Director — Date