

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90012 036 ****61.25

DOCUMENT # N04000011782 1. Entity Name EVERGLADES TRAIL ASSOCIATION, INC.			
Principal Place of Business 324 WEST VAN BUREN STREET TALLAHASSEE, FL 32301		Mailing Address 324 WEST VAN BUREN STREET TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <u>P.O. Box 25</u> Suite, Apt. #, etc.	
City & State Tallahassee, FL		4. FEI Number 54-2176635	
Zip 32302		Country Leon	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOK, LEE 411 WILLIAMS STREET TALLAHASSEE, FL 32303		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 <u>Lee Cook</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2/25/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee:	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, JILL 222 SOUTH WESTMONTE DRIVE, SUITE 300 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, LEE 411 WILLIAMS STREET TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILES, MARY K 3050 HAWKS GLEN TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, R. MARVIN JR. 69 WALKER CREEK DRIVE SHELL POINT, FL 32327	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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: <u>Lee Cook</u> <u>Treasurer/Director</u> <u>2/25/08</u> <u>850 224 6414</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			