

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011782

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** EVERGLADES TRAIL ASSOCIATION, INC.

**Current Principal Place of Business:**

324 WEST VAN BUREN STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 54-2176635      **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:**

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

COOK, LEE  
411 WILLIAMS STREET  
TALLAHASSEE, FL 32303      US

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: D      ( ) Delete  
Name: AUSTIN, JILL  
Address: 222 SOUTH WESTMONTE DRIVE, SUITE 300  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      ( ) Delete  
Name: COOK, LEE  
Address: 411 WILLIAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: CHILES, MARY K  
Address: 3050 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: COOK, R. MARVIN JR.  
Address: 69 WALKER CREEK DRIVE  
City-St-Zip: SHELL POINT, FL 32327

**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 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: A. LEE COOK

TREA

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date