

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008861

FILED
Feb 27, 2008
Secretary of State

Entity Name: ORMOND SCENIC LOOP AND TRAIL CORRIDOR MANAGEMENT ENTITY, INC.

Current Principal Place of Business:

116 WILMANS BLVD., APT. 6
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

116 WILMANS BLVD., APT. 6
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JAYNES, JOE
116 WILMANS BLVD., APT. 6
DAYTONA BEACH, FL 32118 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: C () Delete
Name: JAYNES, JOE
Address: 116 WILMANS BLVD., APT. 6
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VC () Delete
Name: BAUMBERGER, LAURA
Address: 101 BEAU RIVAGE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: S () Delete
Name: WEHR, PAULA
Address: 1229 LONDONDERRY CIRLCE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: LU-LEVERONI, MARY
Address: 23 SHERRINGTON DR
City-St-Zip: ORMOND BEACH, FL 32174

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: T (X) Change () Addition
Name: LEVERONI, MARY-LU
Address: 23 SHERRINGTON DR
City-St-Zip: ORMOND BEACH, FL 32174

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: MARY-LU LEVERONI

T

02/27/2008

Electronic Signature of Signing Officer or Director

Date