

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008861

FILED  
Apr 17, 2009  
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:** 38-3764144

**FEI Number Applied For ( )**

**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: LEVERONI, MARY-LU  
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: VC (X) Change ( ) Addition  
Name: BAMBERGER, LAURA  
Address: 101 BEAU RIVAGE DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MERCER, TERRY  
Address: 31 DIX AVENUE  
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: JOSEPH C. JAYNES

C

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date