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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11022 (3)

1. Corporation Name

SHADY HISTORIC AND SCENIC TRAILS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

655 SW 80TH ST
OCALA FL 34476
US

655 SW 80TH ST
OCALA FL 34476-4907
US

3. Date Incorporated or Qualified
09/10/1985

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEESNER, DARLENE
655 SW 80TH ST.
OCALA FL 34476

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Darlene Weesner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME BURNSIDE, RICK
STREET ADDRESS 6520 S MAGNOLIA
CITY-ST-ZIP Ocala FL

TITLE AS ☐ DELETE

NAME WEESNER, DARLENE
STREET ADDRESS 655 SW 80 STREET
CITY-ST-ZIP Ocala FL

TITLE P ☐ DELETE

NAME ORR, PATRICIA
STREET ADDRESS 2455 SW 87TH PLACE
CITY-ST-ZIP Ocala FL

TITLE TD ☐ DELETE

NAME FEILER, VERNON
STREET ADDRESS 9350 SW 19TH AVE, ROAD
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME LESSING, ANN
STREET ADDRESS 13419 S.W. 3RD PLACE
CITY-ST-ZIP Ocala FL 34481

TITLE D ☐ DELETE

NAME COOK, MARIAM
STREET ADDRESS 7110 SW 27TH AVE
CITY-ST-ZIP Ocala FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)