

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90125 009 \*\*\*\*61.25

**DOCUMENT # N11022**

1. Entity Name

**SHADY HISTORIC AND SCENIC TRAILS ASSOCIATION, INC.**



Principal Place of Business

**655 SW 80TH ST  
OCALA FL 34476  
US**

Mailing Address

**655 SW 80TH ST  
OCALA FL 34476  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**89-2598776**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BEGLEY, TOM**  
CITY-ST-ZIP **2640 SW 36TH LANE  
OCALA FL 34474**

TITLE ☐ Delete  
NAME **AS**  
STREET ADDRESS **WEESNER, DARLENE**  
CITY-ST-ZIP **655 SW 80 STREET  
OCALA FL 34476**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **BEILING, MARGY**  
CITY-ST-ZIP **PO BOX 6422  
FORT MC COY FL 32134-6422**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **LESSIG, ANN**  
CITY-ST-ZIP **13670 NW 1ST LANE  
OCALA FL 34481**

TITLE ☐ Delete  
NAME **ID**  
STREET ADDRESS **COLE, JILL**  
CITY-ST-ZIP **1313 SE 58TH LANE  
OCALA FL 34480**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RILE, ROBERT**  
CITY-ST-ZIP **919 SE 14TH ST  
OCALA FL 34471**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #