

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11022

FILED
Apr 22, 2009
Secretary of State

Entity Name: SHADY HISTORIC AND SCENIC TRAILS ASSOCIATION, INC.

Current Principal Place of Business:

655 SW 80TH ST
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

655 SW 80TH ST
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 89-2598776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UNGER, PAMELA G
Address: 3924 SE 120TH ST
City-St-Zip: BELLEVIEW, FL 34420

Title: AS () Delete
Name: WEESNER, DARLENE
Address: 655 SW 80 STREET
City-St-Zip: OCALA, FL 34476

Title: VP () Delete
Name: SHERARER, MICHELLE
Address: 2301 S E 25TH STREET
City-St-Zip: OCALA, FL 34480

Title: SD () Delete
Name: LESSIG, ANN
Address: 13670 NW 1ST LANE
City-St-Zip: OCALA, FL 34481

Title: TD () Delete
Name: ORR, PATRICIA
Address: 2455 SW 87TH PL
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: OEST, GLORIA
Address: 7850 S MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

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
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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: DARLENE WEESNER

AS

04/22/2009

Electronic Signature of Signing Officer or Director

Date