

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28892 (0)**

1. Corporation Name  
**TRAIL FRIENDS, INC.**



Principal Place of Business C/O 235 E. MAGNOLIA STREET BOX 126 WINDERMERE FL 34786	Mailing Address <del>C/O 235 E. MAGNOLIA STREET</del> P.O. BOX 126 WINDERMERE FL 34786-0126
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3. Date Incorporated or Qualified <b>10/18/1988</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2833179</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CARTER, VERA**  
**235 E. MAGNOLIA ST., BOX 128**  
**WINDERMERE FL 34786**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when replacing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURCH, LORRAINE</b>	
STREET ADDRESS	<b>101 N. CROSS STREET</b>	
CITY-ST-ZIP	<b>OAKLAND FL 34780</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTER, VERA</b>	
STREET ADDRESS	<b>235 E. MAGNOLIA ST., BOX 128</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNKEL, RICHARD</b>	
STREET ADDRESS	<b>1162 POINTE NEWPORT TERR., #202</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, JIM</b>	
STREET ADDRESS	<b>1409 TILDEN RD.</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Wilson, Gray</b>	
1.3 STREET ADDRESS	<b>331 N. Maitland Ave. - D4</b>	
1.4 CITY-ST-ZIP	<b>Maitland, Fl. 32751</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **VERA M. CARTER** (407) 876-2859  
4/25/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)