

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29757

Entity Name: PINELLAS TRAILS, INC.

FILED
Sep 08, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 356
CLEARWATER, FL 33757 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 356
CLEARWATER, FL 34615 US

New Mailing Address:

FEI Number: 59-2935112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, BETTY
1521 GLEN HOLLOW LANE S
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

SCHOLDERER, SALLY M
1282 WEYBRIDGE LANE
DUNEDIN, FL 34698 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: SALLY M. SCHOLDERER

09/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SCHOLDERER, SALLY,
Address: P.O. BOX 356
City-St-Zip: CLEARWATER, FL 34615

Title: PD () Delete
Name: DANIELS, SCOTT
Address: P.O. BOX 356
City-St-Zip: CLEARWATER, FL 34615

Title: TD () Delete
Name: BETTY MANN,
Address: P.O. BOX 356
City-St-Zip: CLEARWATER, FL 34615

Title: SD () Delete
Name: HALVERSON, JEAN
Address: P.O. BOX 356
City-St-Zip: CLEARWATER, FL 34615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SCHOLDERER, SALLY M TREASUR
Address: P.O. BOX 356
City-St-Zip: CLEARWATER, FL 33757

Title: PD (X) Change () Addition
Name: DANIELS, SCOTT
Address: P.O. BOX 356
City-St-Zip: CLEARWATER, FL 33757

Title: TD (X) Change () Addition
Name: BETTY MANN,
Address: P.O. BOX 356
City-St-Zip: CLEARWATER, FL 33757

Title: SD (X) Change () Addition
Name: HALVERSON, JEAN
Address: P.O. BOX 356
City-St-Zip: CLEARWATER, FL 33757

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALLY M. SCHOLDERER

TREA

09/08/2004

Electronic Signature of Signing Officer or Director

Date