

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35245 (2)

1. Corporation Name

SOUTHWEST FLORIDA TRAIL RIDERS, INC.

Principal Place of Business

1105 SE 12TH AVE
CAPE CORAL FL 33990

Mailing Address

1105 SE 12TH AVE
CAPE CORAL FL 33990



3. Date Incorporated or Qualified
11/14/1989

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **1211 SE 6th Terr**

26 **1211 SE 6th Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **CAPE CORAL FL**

27 **CAPE CORAL FL**

City & State

City & State

23 **33990**

28 **CAPE CORAL FL**

Zip

Zip

Country

Country

24 **USA**

29 **33990 USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOLEY, DAN
1279 MCNEIL ROAD
N. FT. MYERS, FL 33903**

81 Name **GREG WROBEL**
82 Street Address (P.O. Box Number is Not Acceptable)
1211 SE 6th Terr
83
84 City **CAPE CORAL** FL 85 Zip Code **33990**

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

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

GREG WROBEL
(NOTE: Registered Agent signature required when reinstating)

2/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WOOLLEY, DAN	
STREET ADDRESS	1279 MCNEIL RD	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GUNTHER, KAREN	
STREET ADDRESS	2561-D DIXIE PKWY	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	THORP, BOB	
STREET ADDRESS	3769 E TAMiami TR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, GORDY	
STREET ADDRESS	1006 N.W. 3RD ST	
CITY-ST-ZIP	CAPE CORAL FL	
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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREG WROBEL	
1.3 STREET ADDRESS	1211 SE 6th Terr	
1.4 CITY-ST-ZIP	CAPE CORAL - FL - 33990	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GORDY WHITE	
2.3 STREET ADDRESS	1006 N.E. 3rd ST.	
2.4 CITY-ST-ZIP	CAPE CORAL - FL - 33909	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JON BRIJA	
3.3 STREET ADDRESS	3013 N.E. 5th Ave.	
3.4 CITY-ST-ZIP	CAPE CORAL - FL - 33909	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOE MOULTON	
4.3 STREET ADDRESS	5207 2nd ST. W.	
4.4 CITY-ST-ZIP	LEHIGH ACRES - FL - 33971	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG WROBEL

2/1/96

(941) 458-2610

CR2E037 (12/95)