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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35245 (2)

1. Corporation Name

SOUTHWEST FLORIDA TRAIL RIDERS, INC.



Principal Place of Business

Mailing Address

1211 SE 6TH TERR
CAPE CORAL FL 33990
US1211 SE 6TH TERR
CAPE CORAL FL 33990-2905
US3. Date Incorporated or Qualified
11/14/19893a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WROBEL, GREG
1211 SE 6TH TERR
CAPE CORAL FL 33990

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	WROBEL, GREG	
STREET ADDRESS	1211 SE 6TH TERR	
CITY-ST-ZIP	CAPE CORAL FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WHITE, GORDY	
STREET ADDRESS	1006 NE 3RD ST	
CITY-ST-ZIP	CAPE CORAL FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP GORDY WHITE
2.3 STREET ADDRESS	2137 NE 7TH PL
2.4 CITY-ST-ZIP	CAPE CORAL, FL, 33909

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BRIJA, JON	
STREET ADDRESS	3013 NE 5TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS JON BRIJA
3.3 STREET ADDRESS	730 SW 45TH ST.
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOULTON, JOE	
STREET ADDRESS	5207 2ND ST WEST	
CITY-ST-ZIP	LEHIGH ACRES FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V JEREMY HAUSER
4.3 STREET ADDRESS	1804 SW 5TH PL
4.4 CITY-ST-ZIP	CAPE CORAL, FL, 33990

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97 (941) 453-2610

CR2E037 (9/96)