

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N38317 1. Entity Name BLACKWATER HERITAGE TRAIL, INC.				FILED 07 APR 18 PM 1:37 ALL FLORIDA TALLAHASSEE, FLORIDA 	
Principal Place of Business P.O. BOX 4292 MILTON, FL 32572		Mailing Address P.O. BOX 4292 MILTON, FL 32572		01302007 Ctg-NP CR2E037 (12/06)	
2. Principal Place of Business - No P.O. Box # 5533 Alabama St Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Milton, FL		City & State			
Zip 32572		Country San Rosa		4. FEI Number 59-3027002	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent FITZGERALD, J. PAUL 6839 CAROLINE ST MILTON, FL 32570				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THETFORD, MACK 5329 CONEY ST. MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DUCKER, JOHN 6825 OAK ST. MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WOLFE, MIKE 15501 HUNSON HWY MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15501 Hunson Hwy	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, MARGARET 6758 MADISON STREET MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02/18	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mack Thetford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			30 Jan 2007 8502922557 <small>Date Daytime Phone #</small>		



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

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Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

February 2, 2007

Sean Toner
Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: Document Number N38317

Dear Mr. Toner:

Enclosed is the 2007 Uniform Business Report for the Blackwater Heritage Trail, Inc., a duly authorized citizen support organization under contract to provide support for the Office of Greenways and Trails in accordance with Section 20.2551, F.S.

Please let me know if anything further is needed. I can be reached at 245-2050 or you can e-mail me at marsha.connell@dep.state.fl.us. Your assistance is greatly appreciated.

Sincerely,

Marsha Connell

Marsha Connell
Office of Greenways and Trails

Enclosure

/mc