FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, 50

					_		0 2 05	
i i	RPORATIO ISTATEMEI	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Secretar	TMENT OF STATE y of State ORPORATIONS	SLE TALL	ÄÄÄÄ	SSEE, FLORIDA	
DOCUMENT # N38317								
Blackwater Heritage Trail, Inc.					11 STATE 15 01-03			
2. Principai Office Address 3. Mailing C					21.11.10 C			
					}			
C/O J Suite, Apt. 6		Fitzgerald	C/O J Paul Suile, Apt. #, otc.					
6839 Caroline St						Date Incorporated or Qualified To Do Business in Florida 5-17-1990		
Ciry & State			City & State		5. FEI Number			Applied For
Milton, FL			Milton, FL		59-30	270		ot Applicable
Zip	Country		Zip	Country	G. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee req			al Fee recured
3257	70	UŠA	32570	USA	CERTIFICATE C	F STATUS	S DESIRED La tor a Certific	ate of Status
7. Name and Address of Current Registered Agent Name J. Paul Fitzgerald Street Address (P.O. Box Number is Not Acceptable) 6839 Caroline St Suite, Apt. #, Etc.								
	Cily Milt	on				State FL	Zip Code 3.2570	The "
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 517.0503, F.S. Signature of Registered Agent								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles	Name of Officers and/or Directors			Street Addrass of Each Officer and/or Director		City / State / Zip		
PD	Walt Schumann		6350	6350 Rosebud Rd.		Milton, FL 32570)
VР	Mack Thetford		5329	5329 Conecuh St		Milton, FL 32570		
TR	John Ducker		6825	6825 Oak ST.		Milton, FL 32570		2
SEC	Elaine Dinwiddie		5347	5347 Williams St.		Milton, FL 32570)
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstaltement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an examption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Determine Thomas								



Department of Environmental Protection

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

David B. Struhs Secretary

November 25, 2003

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that the Blackwater Heritage Trail, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock

Director

Florida Park Service

MB/pwf

Attachments