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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

FILED

96 MAR 21 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N43775 (8)
1. Corporation Name
FRIENDS OF THE GREEN SWAMP STATE TRAIL, INC.

Principal Place of Business
P.O. BOX 45
WINTER HAVEN FL 33882-0045

Mailing Address
P.O. BOX 45
WINTER HAVEN FL 33882-0045

3. Date Incorporated or Qualified
06/10/1991
3a. Date of Last Report
03/02/1995
4. FEI Number
59-3070338
Applied For
Not Applicable
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

WILSON, KERRY M
141 5TH STREET N.W.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

(NOTE: Registered Agent signature required when reissuing)

1/30/96
DATE

12. OFFICERS AND DIRECTORS

TITLE 1
NAME
STREET ADDRESS
CITY-ST-ZIP
HODGES, SUSAN
2220 N. COMBEE RD.
LAKELAND FL 33801
TITLE 2
NAME
STREET ADDRESS
CITY-ST-ZIP
RUMRILL, LYNDIA E
2498 STATE ROAD 33 NORTH
POLK CITY FL 33868
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FORBES, WILLIAM J
505 AVE "A" NW
WINTER HAVEN FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STODDARD, WILLIAM S
636 1ST STREET
POLK CITY FL 33868
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOLLEY, HENRY S
1504 AVE. H, N.E.
WINTER HAVEN FL 33880
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STODDARD, MARK D
636 1ST STREET
POLK CITY FL 33868

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
BATTIN, DANNIS
214 CACTUS BLVD SOUTH
POLK CITY, FL 33868
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
RUMRILL, TOM
2498 STATE ROAD 33 NORTH
POLK CITY, FL 33868
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
PASCHKE, ANNE
2229 DIXIE BLVD
AUBURNDALE, FL 33823
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
EDWARDS, NANCY
5624 CAUSEWAY PLACE
LAKELAND, FL 33805
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
HITT, RAYNE
1035 7TH STREET, Apt B
CARMON, FL 34711

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:

Mark D Stoddard
Signature and typed or printed name of signing officer or director

1/30/96 941-984-3007
Date Daytime Phone

CR2E037 (12/95)