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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 FEB 28 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43775 (8)

1. Corporation Name

FRIENDS OF THE GREEN SWAMP STATE TRAIL, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
06/10/1991

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Robert J. Seifer

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

12549 State Park Drive

83

84 City

Elormot

FL

85 Zip Code

34711

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

Robert J. Seifer
Signature typed or printed name of registered agent and title if applicable

Robert J. Seifer

2-16-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME HODGES, SUSAN
STREET ADDRESS 2220 N. COMBEE RD.
CITY-ST-ZIP LAKE LAND FL 33801

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS Stroud, William M.
1.4 CITY-ST-ZIP P.O. Box 211 MA
Kathleen, FL 33849

TITLE DS ☐ DELETE
NAME RUMRILL, LYNDIA E
STREET ADDRESS 2498 STATE ROAD 33 NORTH
CITY-ST-ZIP POLK CITY FL 33868

2.1 TITLE DS + VP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6840 FLANDERS STATION DR.
2.4 CITY-ST-ZIP POLK CITY, FL 33868

TITLE D ☐ DELETE
NAME BETTIN, DENNIS J
STREET ADDRESS 214 CARTER BLVD. S.
CITY-ST-ZIP POLK CITY FL 33868

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Battin
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME PASSMORE, ANNE
STREET ADDRESS 2229 DREXEL BLVD.
CITY-ST-ZIP AUBURNDAL FL 33823

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME BOLLEY, HENRY S
STREET ADDRESS 1504 AVE. H, NE
CITY-ST-ZIP WINTER HAVEN FL 33880

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 1513 SR 559
5.4 CITY-ST-ZIP POLK CITY, FL 33868

TITLE D ☐ DELETE
NAME STODDARD, MARK D
STREET ADDRESS 636 1ST STREET
CITY-ST-ZIP POLK CITY FL 33868

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Vignati, Francesco
6.3 STREET ADDRESS 4891 Angus Rd
6.4 CITY-ST-ZIP POLK CITY, FL 33868

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: *Ann Passmore* REQUIRED *Passmore, Treas. 2/3/97 (941) 293-9358*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (9/96)



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Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 25, 1997

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann;

This letter is to certify to you that *the Friends of the Green Swamp State 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.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw
Attachments

a:cert.ltr