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1993 APR 17 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/10/1991	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3070338		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEIFER, ROBERT J
12549 STATE PARK DRIVE
CLERMONT FL 34741-1**

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUD, WILLIAM M	1.2 NAME	
STREET ADDRESS	P.O. BOX 211 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN FL 33849	1.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMRILL, LYNDIA E	2.2 NAME	
STREET ADDRESS	8840 FLANDERS STATION DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY FL 33868	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTIN, DENNIS J	3.2 NAME	
STREET ADDRESS	214 CARTER BLVD. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY FL 33868	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSMORE, ANNE	4.2 NAME	
STREET ADDRESS	2229 DREXEL BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL 33823	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLEY, HENRY S	5.2 NAME	
STREET ADDRESS	1513 SR 559	5.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY FL 33868	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STODDARD, MARK D	6.2 NAME	
STREET ADDRESS	636 1ST STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY FL 33868	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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

1/9/98

941-293-9353

CR2E037 (10/97)



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 13, 1998

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 Friends of Green Swamp 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