

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 MAR 19 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N43775 (8)  
1. Corporation Name

FRIENDS OF THE GREEN SWAMP STATE TRAIL, INC.

Principal Place of Business

12549 State Park Drive  
Clermont, FL 34711

Mailing Address

12549 State Park Drive  
Clermont, FL 34711

2. Principal Place of Business

21 12549 State Park Drive  
Suite, Apt. #, etc.

22 City & State

23 Clermont, FL

24 Zip Country

25

2a. Mailing Address

26 12549 State Park Drive  
Suite, Apt. #, etc.

27 City & State

28 Clermont, FL

29 Zip Country

30

3. Date Incorporated or Qualified

06/10/1991

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Seifer, Robert J.  
12549 State Park Drive  
Clermont, FL 34711

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME Stroud, William M

STREET ADDRESS P.O. Box 211 N/A

CITY-ST-ZIP Kathleen FL 33849

TITLE DS ☐ DELETE

NAME Rumrill, Lyn E

STREET ADDRESS 6840 Flanders Station Drive

CITY-ST-ZIP Polk City, FL 33868

TITLE D ☐ DELETE

NAME Battin, Dennis J

STREET ADDRESS 214 Carter Blvd. S.

CITY-ST-ZIP Polk City, FL 33868

TITLE DT ☐ DELETE

NAME Passmore, Anne

STREET ADDRESS 2229 Drexel Blvd.

CITY-ST-ZIP Auburndale, FL 33823

TITLE DP ☒ DELETE

NAME Bolley, Henry S

STREET ADDRESS 1513 S.R.559

CITY-ST-ZIP Polk City, FL 33868

TITLE V ☐ DELETE

NAME Pusch, George

STREET ADDRESS 111 Bignonia Ave.

CITY-ST-ZIP Polk City, FL 33868

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DV

Rumrill, Tom

6840 Flanders Station Drive

Polk City, FL 33868

DP

Pusch, George

111 Bignonia Ave.

Polk City, FL 33868

14. I 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, with all other like empowered.

SIGNATURE:

*Anne Passmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99

941-293-9353  
Daytime Phone #

CR2E037 (1/98)