


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90102 012 \*\*\*\*61.25

<b>DOCUMENT # N43775</b> 1. Entity Name <b>FRIENDS OF THE GREEN SWAMP STATE TRAIL, INC.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3070338</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RUMRILL, THOMAS</b> <b>12549 STATE PARK DRIVE</b> <b>CLERMONT, FL 34741-1</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STROUD, WILLIAM M</b> <b>P.O. BOX 211 N/A</b> <b>KATHLEEN, FL 33849</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIGNATI, SANTINA</b> <b>15590 ANGUS ROAD</b> <b>POLK CITY, FLORIDA 33868</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUMRILL, LYNDIA E</b> <b>6840 FLANDERS STATION DR</b> <b>POLK CITY, FL 33868</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, AIDA</b> <b>1210 PRICE AVENUE</b> <b>AUBURNDALE, FLORIDA 33823</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>VIGNATI, FRANCESCO</b> <b>4891 ANGUS ROAD</b> <b>POLK CITY, FL 33868</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>RUMRILL, TOM</b> <b>6840 FLANDERS STATION DRIVE</b> <b>POLK CITY, FL 33868</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PUSCH, GEORGE</b> <b>111 BIGNONIA AVE.</b> <b>POLK CITY, FL 33868</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Francesco Vignati</i> <b>FRANCESCO VIGNATI</b> <b>1-28-04 (863 984 4312)</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					