

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N43775

1. Entity 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

FILED
Feb 19, 2005 08:00 AM
Secretary of State



02162005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3070338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUMRILL, THOMAS
12549 STATE PARK DRIVE
CLERMONT, FL 34741-1

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STROUD, WILLIAM M
STREET ADDRESS	P.O. BOX 211 N/A
CITY-STATE-ZIP	KATHLEEN, FL 33849
TITLE	D
NAME	RUMRILL, LYNDIA E
STREET ADDRESS	6840 FLANDERS STATION DR
CITY-STATE-ZIP	POLK CITY, FL 33868
TITLE	DT
NAME	VIGNATI, FRANCESCO
STREET ADDRESS	4891 ANGUS ROAD
CITY-STATE-ZIP	POLK CITY, FL 33868
TITLE	DV
NAME	RUMRILL, TOM
STREET ADDRESS	6840 FLANDERS STATION DRIVE
CITY-STATE-ZIP	POLK CITY, FL 33868
TITLE	DP
NAME	PUSCH, GEORGE
STREET ADDRESS	111 BIGNONIA AVE.
CITY-STATE-ZIP	POLK CITY, FL 33868
TITLE	D
NAME	VIGNATI, SANTINA
STREET ADDRESS	15590 ANGUS ROAD
CITY-STATE-ZIP	POLK CITY, FL 33868

000000235861
02/19/05-80023-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Francesco Vignati

FRANCESCO VIGNATI

2.16.05

8639844312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #