FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF C		Secretary of State
DOCUMENT # N44984 (5)				
LAKE COUNTY RAIL TRAILS, INC.				
Principal Plac	e of Business	Mailing Address		r ramitine err minte annin total tätti erint minte minte minte minte minte sinit minte sinit minte
POST-OFFICE HOWEY-IN-THE	BOX 261 HILLS FL 34737	~ POST_OFFICE_BOX_261 ~ HOWEY-IN-THE-HILLS_FL_34;	737	3. Date Incorporated or Qualified 09/04/1991 4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address		59-3864324 Not Applicable
21 P.D.	Box 1863		63	5. Certificate of Status Desired
22 .		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & Stat	MT DORA, FL	City & State 28 MT DORA		7. Is this nonprofit corporation a homeowners association?
Zip	Country 25 1 CA	Zip 3.2756	Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24 327	9. Name and Address of Curre		301 U.S/H	10. Name and Address of New Registered Agent
			81 Name	
REED, AUDREY 82 Street Address				ress (P.O. Box Number is Not Acceptable)
23413 N BUCKHILL RD.				
HOWEY-	IN-THE-HILLS FL 34737		83	
			84 City	FL 85 Zip Code .
11. Pursuant	to the provisions of Sections 617.05	02 and 617,1508, Florida Statute	s, the above-named corp	
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	<u></u>			
12.	Signature, typed or printed name of registered as	pent and little if applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICERS AI	DELETE DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	REED, AUDREY		1.2 NAME	<u> </u>
STREET ADDRESS	11148 REEED ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY-IN-HILLS FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KEENAN, BOBBI		2.2 NAME	
STREET ADDRESS	909 SOUTH NINTH ST		2.3 STREET ADDRESS	
CITY-SY-ZIP TITLE	LEESBURG FL 34748	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME	FISHER, ELOISE		3,2 NAME	
STREET ADDRESS	327 LAURA LANE		3.3 STREET ADDRESS	{
CITY-ST-ZIP	MT DORA FL		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4,1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE NAME			5.1 TITLE . 5.2 NAME	C onengo Addition
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CiTY-ST-ZIP	partify that the information over-thed	with this filing does not existing for	6.4 CiTY-ST-ZIP	Section 110 07/3/0 Florida Statutes I further codife that the Information
indicated	on this annual report or supplied (with this ming coes not quality for	ni Delisia um that mu cionatu	Section 119.07(3)(1), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.

FILED

Jan 20 1998 8:00am