


FILE NOW: FILING FEE IS \$61.25

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Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N44984 (5)</b>					
1. Corporation Name <b>LAKE COUNTY RAIL TRAILS, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 261 HOWEY-IN-THE-HILLS FL 34737</b>			Mailing Address <b>POST OFFICE BOX 261 HOWEY-IN-THE-HILLS FL 34737</b>		
2. Principal Place of Business 21 <b>P.O. Box 1863</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 1863</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/04/1991</b>	
22 City & State <b>MT. DORA, FL</b>		27 City & State <b>MT. DORA, FL</b>		4. FEI Number <b>59-3864324</b> Applied For Not Applicable	
23 Zip <b>32756</b>		28 Zip <b>32756</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country <b>USA</b>		29 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>REED, AUDREY 23413 N BUCKHILL RD. HOWEY-IN-THE-HILLS FL 34737</b>				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.				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	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				10. Name and Address of New Registered Agent	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>REED, AUDREY</b> STREET ADDRESS <b>11148 REEDED ROAD</b> CITY-ST-ZIP <b>HOWEY-IN-HILLS FL</b>				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>KEENAN, BOBBI</b> STREET ADDRESS <b>909 SOUTH NINTH ST</b> CITY-ST-ZIP <b>LEESBURG FL 34748</b>				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>FISHER, ELOISE</b> STREET ADDRESS <b>327 LAURA LANE</b> CITY-ST-ZIP <b>MT DORA FL</b>				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



SIGNATURE: Bobbi Keenan REQUIRED

1/8/98 3527878654

CR2E037 (10/97)