

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N44984

1. Entity Name
LAKE COUNTY RAIL TRAILS, INC.



Principal Place of Business
**2874 E.CROOKED LK.DR
EUSTIS, FL 32726 US**

Mailing Address
**P.O BOX 1863
MOUNT DORA, FL 32757**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3864324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOLNAR, GENE
2874 EAST CROOKED LAKE DRIVE
EUSTIS, FL 32726**

**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.

NA

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000578839
01/09/07-80045-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOLNAR, GENE
2824 E.CROOKED LK DR
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HILL, JIM
1204 8TH STREET
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FISHER, ELOISE
327 LAURA LANE
MOUNT DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DAVIS, WILLIAM C
800 PALM AVE.
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REYNOLDS, SUZANNE
1111 LAKESHORE DR V-6
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FISHER, JIM
327 LAURA LANE
MOUNT DORA, FL 32757**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Gene Molnar GENE MOLNAR

05 JAN. 2007 352/383-4201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #