

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51225** (3)

1. Corporation Name

TRAIL BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4640 SOUTH ORANGE BLOSSOM TRAIL
SUITE 403
ORLANDO FL 32809**

**4640 SOUTH ORANGE BLOSSOM TRAIL
SUITE 403
ORLANDO FL 32809**



2. Principal Place of Business		2a. Mailing Address	
21 7130 S. Orange Blossom	26 Same - 7130 S.OBT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 100	27 Suite 100		
City & State		City & State	
23 Orlando, FL	28 Orlando, FL		
Zip	Country	Zip	Country
24 32809	25 Orange	29 32809	30 Orange

3. Date Incorporated or Qualified	3a. Date of Last Report
09/14/1992	01/30/1995
4. FEI Number	Applied For Not Applicable
59-3140167	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COPELY, BRENDA
1455 HOLDEN AVE
ORLANDO FL 32839**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP
	DP			<input checked="" type="checkbox"/> DELETE			
	PRIEDE, JOHN	P. O. BOX 2989	ORLANDO FL				
	D			<input checked="" type="checkbox"/> DELETE			
	DAVIS, JERRY	2580 S. ORANGE BL. TRAIL	ORLANDO FL				
	D			<input checked="" type="checkbox"/> DELETE			
	SHEARROW, TERESA	5720 PGA BLVD APT 521	ORLANDO FL				
	D			<input type="checkbox"/> DELETE			
	COPELY, BRENDA	1455 HOLDEN AVENUE	ORLANDO FL				
	D			<input type="checkbox"/> DELETE			
	MITCHELL, CHARLENE	1231 W. 29TH ST.	ORLANDO FL				
				<input type="checkbox"/> DELETE			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)