NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9400006045

1. Corporation Name

EDEN TRUST, INC.

Principal Place of Business

33 BROAD STREET KINDERHOOK NY 12106 Mailing Address

33 BROAD STREET KINDERHOOK NY 12106

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90033 043 ****70.00



					(66 40	DIEM WIEDL WWIEL	:
	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 12/08/1994				
21 Suite Apt	# pto	Suite, Apt. #, etc.	Suite Ant # etc		4. FEI Number Applied For			plied For
Suite, Apt. #, etc.		27		58-2149404		<u> </u>	t Applicable	
City & State		City & State	_ 			7	\$8.75	Additional
23	-	28	- -		5. Certifcate of Status Desired	Ø	Fee Re	quired
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30		Trust Fund Contribution		Added	to Fees
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered .	Agent	
			81	Name				
CAMP, DENNIS D				Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	THEAST FORT KING ST		82	0				
OCALA FI			83					
			84	City	<u> </u>		85 Zip (Code
			1)		<u> </u>	<u>. </u>	
OFFICE OF F	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was auti	norizea by	the corporatio	oration submits this statement for the in's board of directors. I hereby accep	purpose of t the appoi	changing its ntment as re	registered gistered
SIGNATURE		at and title if englished (NOTE: Pr	aniotered Aren	nt signature required	when rainstating)	DATE		 -
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	BLACKBURN, RODERIC H		1.2 NAME					
STREET ADDRESS	33 BROAD STREET		1.3 STREE	TADDRESS				
CITY-ST-ZIP	KINDERHOOK NY 12106		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	BLACKBURN, DEGUERRE		2.2 NAME					
STREET ADDRESS	33 BROAD STREET		2.3 STREE	TADDRESS				
· CITY-ST-ZIP	KINDERHOOK NY 12106		2.4 CITY-S					
TITLE	D	☐ DELETE	3.1 TITLE				Change	Addition
NAME	AVERELL, MARY		3.2 NAME)				'
STREET ADDRESS	33 BROAD STREET		3.3 STREE	TADDRESS				
CITY-ST-ZIP	KINDERHOOK NY		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4,4 CITY-S	T-ZIP				
TITLE		• DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5,3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				
CITY-ST-ZIP*	The second secon		6.4 CITY-S	T-ZIP				

14. 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 annual report or suppliemental 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 of the receiver or trustee impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or of an appearance of the corporation of the co

SIGNATURE:

MAEQUINED IL H Blackburn 4.8.99 518758 1788

SR2E037 (11/98)