

FILE NOW: FILING FEE IS \$61.25

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Mar 13 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
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DOCUMENT # **N95000003055 (9)**

1. Corporation Name

**FRIENDS OF THE CAPE HAZE PIONEER TRAIL, INC.**



Principal Place of Business <b>1990 ILLINOIS AVE. ENGLEWOOD FL 34224</b>		Mailing Address <b>1990 ILLINOIS AVE. ENGLEWOOD FL 34224</b>		3. Date Incorporated or Qualified <b>06/23/1995</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0623468</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		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	

9. Name and Address of Current Registered Agent

**MERCER, ANN V  
1990 ILLINOIS AVE.  
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCER, ANN V</b>	1.2 NAME	
STREET ADDRESS	<b>1990 ILLINOIS AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCER, ROBERT D</b>	2.2 NAME	
STREET ADDRESS	<b>1990 ILLINOIS AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSANOVICH, TAD</b>	3.2 NAME	
STREET ADDRESS	<b>579 S INDIANA AVE, SUITE 81</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARBONE, VIRGINIA</b>	4.2 NAME	
STREET ADDRESS	<b>579 S INDIANA AVE, SUITE B</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIGNAM, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>1448 LEMON BAY DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANLON, JOHN R</b>	6.2 NAME	
STREET ADDRESS	<b>7528 EBRO RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	6.4 CITY-ST-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 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:

*Ann V. Mercer*

*March 3, 1998 (941) 475-2000*

CR2E037 (10/97)