

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90035 030 ****61.25

DOCUMENT # **N95000003055**

1. Corporation Name

FRIENDS OF THE CAPE HAZE PIONEER TRAIL, INC.

Principal Place of Business

1990 ILLINOIS AVE.
ENGLEWOOD FL 34224

Mailing Address

1990 ILLINOIS AVE.
ENGLEWOOD FL 34224



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

65-0623468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MERCER, ANN V
STREET ADDRESS 1990 ILLINOIS AVE.
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D ☐ DELETE
NAME MERCER, ROBERT D
STREET ADDRESS 1990 ILLINOIS AVE.
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D ☐ DELETE
NAME KOSANOVICH, TAD
STREET ADDRESS 579 S INDIANA AVE, SUITE 81
CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☐ DELETE
NAME CARBONE, VIRGINIA
STREET ADDRESS 579 S INDIANA AVE, SUITE 8
CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☐ DELETE
NAME DIGNAM, DAVID
STREET ADDRESS 1448 LEMON BAY DR.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☐ DELETE
NAME HANLON, JOHN R
STREET ADDRESS 7528 EBRO RD.
CITY-ST-ZIP ENGLEWOOD FL 34224

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 579 S Indiana Ave Suite B 1
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 579 S Indiana Ave Suite B 1
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Ann Mercer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 1999 (94) 475-2000
Daytime Phone #

CR2E037 (1/198)