### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

#### 1997 DOCUMENT # 1. Corporation Name N96000000300 (1)

## FRIENDS OF THE BUCCANEER TRAIL, INC.

# **FILED** May 19 1997 8:00am Secretary of State



Dais a la Al Diag	and D. viceses	Afair - Address							
Principal Place of Business Mailing Address									
12084 HOUSTON AVENUE 12084 HOUSTON AVENUE JACKSONVILLE FL 32226 JACKSONVILLE FL 32228-									
						3. Date incorporated or Qualified 01/18/1996	3a. Da	ite of Last R	eport
	Place of Business	2a. Mailing Address				4. FEI Number	<u>t.</u>		pplied For
21		26							ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	te	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	Intangible Yes [		, 199.032,
24	25 9. Name and Address of Currer	29 Agent	30			Florida Statutes  10. Name and Address of New R			
	g, regino una recitore di outroi	it trogretored regulit		81	Name	10. 144110 4110 144110 01 1104111		190114	<del></del>
HINGKIG	, ANDREW M				- A		istas —		
	IOUSTON AVENUE			82	Street Addr	ess (P.O. Box Number is Not Accepta	IDIO)		
	NMLLE FL 32226			83					
0. 10. 10.				84	City			<b>85</b> Zip	Code
					•	poration submits this statement for the ion's board of directors. I hereby according	FL	.	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO ID DIRECTORS	TE: Registered	d Ager	nt signature requi	ad when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
TITLE	D D	☐ DELETE						☐ Change	Addition
NAME	LILISKIS, ANDREW M		1.2 N	AME					
STREET ADDRESS	12084 HOUSTON AVENUE		1.3 \$1	REET /	ADDRESS .				
CITY-ST-ZIP	JACKSONVILLE FL 32226		1.4 0	TY-ST	r-ZIP				
TITLE	0	☐ DELETE	2.1 Tr	TLE				Change	Addition
NAME	GULLIFORD, WILLIAM I III		2.2 N/						
STREET ADDRESS	3319 KNIGHT STREET				ADDRESS				
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32205	DELETE	2.4 C	TIF	T-ZIP			Change	Addition
NAME	SEYMOUR, MICHAEL L	DIGLIL	3.2 N/					O. no. ngo	
STREET ADORESS	10073 HECKSCHER DRIVE				ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32228			HTY-S					
TITLE		☐ DELETE	4.1 TI					Change	Addition
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 S1	FREET	ADDRESS				
CITY - ST - ZIP			4.4 CI	TY-ST	T-ZIP			P-1	
TITLE		☐ DELETE	5.1 TI		1			Change	Addition
NAME			5.2 N						
STREE1 ADDRESS					ADDRESS				
CITY - ST - ZIP		☐ DELETE		TY-\$1	r-zip			☐ Change	Addition
TITLE		□ ottelt	6.1 TI					— Manific	AUUHIU
NAME STREET ADDRESS			6.2 N		ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ince i . ITY-SI					
0111-01-71	i		0.7 (		1.140				

14. I do 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 affectment with an address.

SIGNATURE: