

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90092 004 \*\*\*\*61.25

<b>DOCUMENT # N97000003207</b>			
<b>1. Entity Name</b> FLORIDA TRAIL BLAZERS INC.			
<b>Principal Place of Business</b> 44 KANTAGREE TRAIL OSTEEN, FL 32764 US		<b>Mailing Address</b> 44 KANTAGREE TRAIL OSTEEN, FL 32764 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 5322 EFFIE Drive		<b>3. Mailing Address</b> Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Apopka Florida		<b>City &amp; State</b>	
<b>Zip</b> 32712		<b>Country</b> Orange	
<b>4. FEI Number</b> 59-3407626		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TANNER, DEBRA S 44 KANTAGREE TRAIL OSTEEN, FL 32764		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>			
SIGNATURE <u>Beth Emmons, Treasurer</u>		DATE <u>4-6-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TANNER, DEBRA S 44 KANTAGREE TRAIL OSTEEN, FL 32764	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPPS, CLARA 927 CLIFTON RD DELEON SPRINGS, FL 32130	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMONS, BETH 5322 EFFIE DR. APOPKA, FL 32712	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEARDORFF, DEBBY 3468 KILBEE ST MIMS, FL 32754	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAULK, PATTI 1225 CLARK BAY RD. DELAND, FL 4	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, WILLIAM 1490 DAROCA DR. DELTONA, FL 32725	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
SIGNATURE: <u>Beth Emmons</u>		DATE: <u>4-6-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <u>407-810-5442</u>	