

2005. NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005872

1. Entity Name
THE GANDY BRIDGE AND FRIENDSHIP TRAIL
CORPORATION



Principal Place of Business
4204 S RENELLIE
TAMPA, FL 33611

Mailing Address
4204 S RENELLIE
TAMPA, FL 33611



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, FRANK M
4204 S RENELLIE
TAMPA, FL 33611

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IN THIS SPACE

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, RALPH T 912 E. KNOLLWOOD ST. TAMPA, FL 33604
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, KIM PO BOX 10404 TAMPA, FL 33679
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITTER, BEN 12708 SUMMIT ST. TAMPA, FL 33612
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MILLER, FRANK M 4204 S RENELLIE TAMPA, FL 33611
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/10/05-80083-024 61.25

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12. 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 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.

SIGNATURE:

Frank Miller FRANK MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05 (813) 835-5252
Date Daytime Phone #