

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 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**



02162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, FRANK M
4204 S RENELLIE
TAMPA, FL 33611**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRYAN, RALPH T
STREET ADDRESS	912 E. KNOLLWOOD ST.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	S
NAME	PIERSON, KIM
STREET ADDRESS	4708 PAUL AVENUE WEST
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VP
NAME	RITTER, BEN
STREET ADDRESS	12708 SUMMIT ST.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	ED
NAME	MILLER, FRANK M
STREET ADDRESS	4204 S RENELLIE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	T
NAME	MILLER, DINAH
STREET ADDRESS	4204 SOUTH RENELLIE DRIVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	BRADDOCK, SANDRA
STREET ADDRESS	3420 WEST LEMON STREET
CITY-ST-ZIP	TAMPA, FL 33609

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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07

Date

(813) 835-5252

Daytime Phone #