


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N97000005872</b> 1. Entity Name <b>THE GANDY BRIDGE AND FRIENDSHIP TRAIL CORPORATION</b>	
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Principal Place of Business <b>4204 S RENELLIE TAMPA, FL 33611</b>	Mailing Address <b>4204 S RENELLIE TAMPA, FL 33611</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04022008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>MILLER, FRANK M 4204 S RENELLIE TAMPA, FL 33611</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYAN, RALPH T 912 E. KNOLLWOOD ST. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PIERSON, KIM 4708 PAUL AVENUE WEST TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RITTER, BEN 12708 SUMMIT ST TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED MILLER, FRANK M 4204 S RENELLIE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, DINAH 4204 SOUTH RENELLIE DRIVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADDOCK, SANDRA 3420 WEST LEMON STREET TAMPA, FL 33609

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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:** Frank Miller ED FRANK MILLER 4/2/08 (813) 835-1343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #