

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003132

FILED
Feb 18, 2009
Secretary of State

Entity Name: FRIENDS OF TRAIL GLADES RANGE, INC.

Current Principal Place of Business:

550 BILTMORE WAY STE. 810
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY STE. 810
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-1022114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUIR, WILLIAM T
550 BILTMORE WAY STE. 810
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLSON, JAMES
Address: 9500 S.W. 105 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MACIAS, MARIANO
Address: 475 CAMPANA
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: CRISLER, MICHAEL
Address: 17514 S.W. 83 COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: RAMSEY, ANDREW
Address: 9720 SW 77TH STREET
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: MUIR, WILLIAM T
Address: 550 BILTMORE WAY STE 810
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. MUIR

D

02/18/2009

Electronic Signature of Signing Officer or Director

Date