

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29757

**Entity Name:** FRIENDS OF THE PINELLAS TRAIL, INC.**Current Principal Place of Business:**2515 COUNTRYSIDE BLVD  
SUITE F  
CLEARWATER, FL 33763**Current Mailing Address:**P.O. BOX 356  
CLEARWATER, FL 34615 US**FEI Number:** 59-2935112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREEMAN, JAMES W JR.  
2515 COUNTRYSIDE BLVD  
SUITE F  
CLEARWATER, FL 33763 US*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:** JAMES W. FREEMAN, JR.

05/01/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VICE-PRESIDENT  
Name DANIELS, SCOTT  
Address P.O. BOX 356  
City-State-Zip: CLEARWATER FL 34615

Title SECRETARY, DIRECTOR  
Name VALENTINE, RICHARD W  
Address 2017 HARVARD AVE  
City-State-Zip: DUNEDIN FL 34698

Title TREASURER, DIRECTOR  
Name FREEMAN, JAMES W. JR.  
Address 2515 COUNTRYSIDE BLVD  
SUITE F  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR  
Name WEDLAKE, JIM  
Address P.O. BOX 356  
City-State-Zip: CLEARWATER FL 34615

Title PRESIDENT, DIRECTOR  
Name HIRSCHFIELD, JAN  
Address P.O. BOX 356  
City-State-Zip: CLEARWATER FL 34615

Title DIRECTOR  
Name VALERY, ALBERT  
Address P.O. BOX 356  
City-State-Zip: CLEARWATER FL 34615

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES W FREEMAN

TRES

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date