

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709014

FILED
Feb 16, 2009
Secretary of State

Entity Name: FLORIDA FORESTRY ASSOCIATION, INC.

Current Principal Place of Business:

402 EAST JEFFERSON ST.
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1696
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-0975338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORAN, JEFF
402 E. JEFFERSON ST.
TALLAHASSEE, FL
TALLAHASSEE, FL 32301 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: PD () Delete
Name: VOGEL, JACK
Address: P.O. BOX 564
City-St-Zip: SAN ANTONIO, FL 33576

Title: VPD () Delete
Name: GAFF, MIKE
Address: P.O. BOX 598
City-St-Zip: CROSS CITY, FL 32628

Title: EVP () Delete
Name: DORAN, JEFF
Address: 402 E JEFFERSON ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD () Delete
Name: SMITH, KELLEY JR
Address: P.O. BOX 75
City-St-Zip: BOSTWICK, FL 32007

Title: VPD () Delete
Name: COTTINGHAM, JIM
Address: P.O. BOX 59565
City-St-Zip: PANAMA CITY, FL 32412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAFF, MIKE
Address: P.O. BOX 598
City-St-Zip: CROSS CITY, FL 32628

Title: VPD (X) Change () Addition
Name: OLMERT, BRYAN
Address: 25755 NW 130TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

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

Title: STD (X) Change () Addition
Name: COOK, ROBERT
Address: P.O. BOX 2249
City-St-Zip: LAKE CITY, FL 32056

Title: VPD (X) Change () Addition
Name: GRINER, LYNETTA
Address: P.O. BOX 843
City-St-Zip: CHIEFLAND, FL 32644

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: JEFF DORAN

EVP

02/16/2009

Electronic Signature of Signing Officer or Director

Date