

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90277 038 ****61.25

DOCUMENT # F99000002667

1. Entity Name
WETLANDS AMERICA TRUST, INC.



Principal Place of Business
**ONE WATERFOWL WAY
MEMPHIS, TN 38120**

Mailing Address
**ONE WATERFOWL WAY
MEMPHIS, TN 38120**

14010663



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
36-3330394

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KENNEDY, JAMES C**
CITY-ST-ZIP **P.O. BOX 105357
ATLANTA, GA 30348**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **COO**
STREET ADDRESS **YOUNG, D A (DON)**
CITY-ST-ZIP **ONE WATERFOWL WAY
MEMPHIS, TN 38120**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **LEWIS, W BRUCE**
CITY-ST-ZIP **P O BOX 1344,140 DUSTER DR
NATCHEZ, MS 39120**

TITLE ☒ Change ☐ Addition
NAME **John W. Newman**
STREET ADDRESS **433 Metairie Rd., Suite 600**
CITY-ST-ZIP **Metairie, LA 70005**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BERRY, JOHN W JR**
CITY-ST-ZIP **3055 KETTERING BLVD.,STE.418
DAYTON, OH 45439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BUNTROCK, ROSEMARIE**
CITY-ST-ZIP **ONE TOWER LANE,OAKBROOK TERR.TOWER,#2242
OAKBROOK TERRACE, IL 60181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BUSCH, ADOLPHUS A IV**
CITY-ST-ZIP **8151 CLAYTON RD.SUITE 200
ST. LOUIS, MO 63117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4.11.05

901-758-3709

Date

Daytime Phone #

James C. West

Asst.