

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000301

FILED
Jan 04, 2008
Secretary of State

Entity Name: THE FLORIDA SWAMPLANDS FOUNDATION, INC.

Current Principal Place of Business:

C/O WILSON SMITH, SQUIRE SANDERS & DEMPSEY
200 S. BISCAYNE BLVD., STE. 4000
MIAMI, FL 331312398

New Principal Place of Business:

Current Mailing Address:

C/O WILSON SMITH, SQUIRE SANDERS & DEMPSEY
200 S. BISCAYNE BLVD., STE. 4000
MIAMI, FL 331312398

New Mailing Address:

FEI Number: 65-0976375 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, WILSON
200 S. BISCAYNE BLVD., STE. 4000
MIAMI, FL 33131 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: SMITH, WILSON
Address: 200 S. BISCAYNE BLVD., STE. 4000
City-St-Zip: MIAMI, FL 331312398

Title: D () Delete
Name: MIRMAN, BEVERLY
Address: 14941 S.W. 238 ST.
City-St-Zip: MIAMI, FL 33111

Title: D () Delete
Name: SMITH, JUDY
Address: 415 E. 11TH AVE.
City-St-Zip: WINFIELD, KS 67156

Title: D () Delete
Name: MIRMAN, CHARLES
Address: 14941 S.W. 238 ST.
City-St-Zip: MIAMI, FL 33111

Title: D () Delete
Name: LARSON, LORI
Address: 5213 S. CRESCENT DR.
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: GOLDMAN, RICHARD
Address: 172 CAJEPUT DR.
City-St-Zip: NAPLES, FL 34108

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
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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: WILSON SMITH

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date