

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 17, 2008 8:00 am
Secretary of State

06-17-2008 90001 039 ***150.00



DOCUMENT # N00000001033
 1. Entity Name
CITIZENS FOR TREE PRESERVATION, INC.

Principal Place of Business Mailing Address
 % JOHN CRESCIMBENI % JOHN CRESCIMBENI
 1549.CESERY BLVD 1549 CESERY BLVD
 JACKSONVILLE FL 32211 JACKSONVILLE FL 32211



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3622743** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRINTON, WILLIAM D
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature in red when re-appointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRINTON, WILLIAM D	
STREET ADDRESS	1835 CHALLEN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVEN, SUSAN	
STREET ADDRESS	2775 WHITE OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207-4135	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRESCIMBENI, JOHN	
STREET ADDRESS	5735 DICKSON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211-4610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *William D. Brinton* **WILLIAM D. BRINTON**