

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # *102000001627*

1. Entity Name

Florida Airboat & Conservation Trust, Inc.



Principal Place of Business

PO BOX 3143
LAKE PLACID, FL 33862

Mailing Address

PO BOX 73
LORIDA, FL 33857

FILED

04 MAY 10 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

No Chg-NP

CR2E037 (10/03)

04

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR, ESQ
124 N. BREVARD AVE.
ARCADIA, FL 34266

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILDS, SARAH
STREET ADDRESS	PO BOX 3143 <i>Lowel Liskey</i>
CITY-ST-ZIP	LAKE PLACID, FL 33862 <i>4067 SW Langford Dr Arcadia FL 34266</i>
TITLE	D
NAME	FENNELL, JERRY
STREET ADDRESS	PO BOX 3143
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	D
NAME	HILL, OLIN
STREET ADDRESS	PO BOX 3143
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	D
NAME	HILL, FLORENCE
STREET ADDRESS	PO BOX 3143
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	D
NAME	MAXWELL, JAMES
STREET ADDRESS	PO BOX 3143
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	D
NAME	QUELLO, SCOTT
STREET ADDRESS	127 SW 56TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914

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05/21/04--01059--025 **61.25

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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

Date

Daytime Phone #

4-29-04