2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001627

1. Entity Name
FLORIDA AIRBOAT & CONSERVATION TRUST, INC.

Principal Place of Business	Mailing Address
PO BOX 3143 LAKE PLACID, FL 33862	PO BOX 73 LORIDA, FL 33857

03082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LISKEY, LOWEL
STREET ADDRESS	4067 SW LANGFORD DRIVE
CITY-ST-ZIP	ARCADIO, FL 34266
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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/05-80054-025 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: Marsii Tenbo Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #