2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2007 08:00 AM Secretary of State

	ANNUAL	. REPORT	,)/, ZUU/ Ua:u
DOCUMENT # N03000002309					Se	cretary of Sta
	DOD FOREST PROPERTY ATION, INC.					
Principal Place of Business Mailing Address			· · · · · · · · · · · · · · · · · · ·	1		
P.O. BOX 9301 LEE, FL 32059		P.O. BOX 9301 LEE, FL 32059				
DO NOT WRITE IN THIS SPA			ACE	02272007 N	o Chg-NP	CR2E037 (4/06)
			AU E	4. FEI Number 65-11781	89	Applied For Not Applicable
				5. Certificate of		\$8.75 Additional. Fee Required
	6. Name and Address of Current	Registered Agent				
DELL, CYNTHIA 4300 NE 16 AVE. OAKLAND PARK, FL 33334				San	IOT WR HIS SPA	
	_					
	named entity submits this statement to	or the purpose of changing its regi	stered office or register	red agent, or both,	in the State of Florida	I am familiar with, and accept
the obligat	tions of registered agent.					3-1-10
SIGNATURE.	Signifular, typed or printed name of legistered agent	and title if applicable. — (NOTE: Reg	istered Agent signature required	d when reinstating)		3-2-07 DATE
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign F Trust Fund Contribut		.00 May Be led to Fees		
10.	OFFICERS AND	DIRECTORS			***********	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEVES, BRUCE P.O. BOX 772 LEE, FL 32059				U000006 03/15/07=6	58546 0041-022 61,25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGSTON, DAVID 4300 NE 16 AVE OAKLAND PARK, FL 33334					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELL, CYNTHIA 4300 NE 16 AVE OAKLAND PARK, FL 33334		DO I	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPA	CE
TITLE 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 Chapter 119, Florida Statutes, I turther certify that the information indicated on this report or suppliemental 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRPCTOR

3-2-07 954-93