

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007920

FILED
Aug 31, 2006
Secretary of State

Entity Name: THE KARST CONSERVANCY, INC.

Current Principal Place of Business:

2911 SE 17TH ST
OCALA, FL 34471

New Principal Place of Business:

1152 SE 17TH ST.
OCALA, FL 34471

Current Mailing Address:

2911 SE 17TH ST
OCALA, FL 34471

New Mailing Address:

P.O. BOX 4248
OCALA, FL 34478

FEI Number: 14-1895535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, WILLIAM K
2911 SE 17TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

WALKER, WILLIAM K
1152 SE 17TH ST.
OCALA, FL 34471 US

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: _____

08/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOLINSKY, MARK
Address: 1770 LOBLOLLY LANE
City-St-Zip: CUMMING, GA 30041

Title: DP () Delete
Name: WALKER, WILLIAM K
Address: 2911 SE 17TH ST
City-St-Zip: OCALA, FL 34471

Title: DT () Delete
Name: DETTORRE, REBECCA
Address: 603 SOUTH 10TH STREET
City-St-Zip: NASHVILLE, TN 37206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: WALKER, WILLIAM K
Address: 1152 SE 17TH ST.
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM K WALKER

DP

08/31/2006

Electronic Signature of Signing Officer or Director

Date