

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007920

FILED  
Aug 31, 2008  
Secretary of State

Entity Name: THE KARST CONSERVANCY, INC.

**Current Principal Place of Business:**

1152 SE 36TH AVE.  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5428  
OCALA, FL 34478

**New Mailing Address:**

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:**

**Name and Address of New Registered Agent:**

WALKER, WILLIAM K  
1152 SE 36TH AVE.  
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: \_\_\_\_\_

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: 1152 SE 36TH AVE.  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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

08/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date