2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007342

Entity Name: FLORIDA WILDLANDS TRUST, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1804 MICCOSUKEE COMMONS DRIVE, SUITE 206 1804 MICCOSUKEE COMMONS DRIVE

TALLAHASSEE, FL 32308 SUITE 206

TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

P.O. BOX 13268 P.O. BOX 13268

TALLAHASSEE, FL 32307 TALLAHASSEE, FL 32317

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

PARKER, MATTHEW PARKER, MATTHEW

1804 MICCOSUKEE COMMONS DRIVE, SUITE 206 1804 MICCOSUKEE COMMONS DRIVE

TALLAHASSEE, FL 32308 US SUITE 206

TALLAHASSEE, FL 32308 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: 04/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ()Delete Title: D (X)Change ()Addition

 Name:
 MEYER, MICHAEL
 Name:
 MEYER, MICHAEL

 Address:
 P.O. BOX 13268
 Address:
 P.O. BOX 13268

City-St-Zip: TALLAHASSEE, FL 32307 City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PARKER, LARA S
 Name:
 PARKER, LARA S

 Address:
 P.O. BOX 13268
 Address:
 P.O. BOX 13268

City-St-Zip: TALLAHASSEE, FL 32307 City-St-Zip: TALLAHASSEE, FL 32317

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 PARKER, MATTHEW
 Name:
 PARKER, MATTHEW

 Address:
 P.O. BOX 13268
 Address:
 P.O. BOX 13268

 City-St-Zip:
 TALLAHASSEE, FL 32307
 City-St-Zip:
 TALLAHASSEE, FL 32317

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: LARA S PARKER D 04/29/2008