

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90298 034 ****61.25

DOCUMENT # N14526

1. Entity Name
NATURES FOREST ASSOCIATION, INC.



Principal Place of Business
**P O BOX 56371
JACKSONVILLE, FL 32241 US**

Mailing Address
**P O BOX 56371
JACKSONVILLE, FL 32241 US**

50011591



2. Principal Place of Business
PO Box 56371
Suite, Apt. #, etc.

3. Mailing Address
PO Box 56371
Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-2727352

Applied For
Not Applicable

Zip
32241

Country
US

Zip
32241

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIBLER, KAREN
10456 OSPREY NEST DRIVE
JACKSONVILLE, FL 32257**

Name
KENT WALDROP

Street Address (P.O. Box Number is Not Acceptable)
10542 CLYDESDALE DR. W.

City
JACKSONVILLE

FL

Zip Code
32257

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

Kent Waldrop

KENT WALDROP, PRESIDENT

4/10/06

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
KIBLER, KAREN
STREET ADDRESS
10456 OSPREY NEST DRIVE W
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
T ☐ Delete
NAME
THOMSON, ANITA
STREET ADDRESS
10456 OSPREY NEST DRIVE W
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
VP ☐ Delete
NAME
DIXON, WILLIAM
STREET ADDRESS
10571 CLYDESDALE DR W
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
S ☐ Delete
NAME
WALDROP, KENT
STREET ADDRESS
10456 OSPREY NEST DRIVE W
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
D ☐ Delete
NAME
MUZZY, CAROL
STREET ADDRESS
10526 CLYDESDALE DR W
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
D ☐ Delete
NAME
MUZZY, GLENN
STREET ADDRESS
10526 CLYDESDALE DR W
CITY-ST-ZIP
JACKSONVILLE, FL 32257

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
P ☒ Change ☐ Addition
NAME
KENT WALDROP
STREET ADDRESS
10542 CLYDESDALE DR. W.
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
VP ☒ Change ☐ Addition
NAME
ROBIN DAVIS
STREET ADDRESS
10579 CLYDESDALE DR. W.
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
S ☒ Change ☐ Addition
NAME
DONNA HICKS
STREET ADDRESS
10554 OSPREY NEST DR. E.
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
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 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:

Kent Waldrop

KENT WALDROP

4/10/06

704-262-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #