


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 041 ****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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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04182007 Chg-NP CR2E037 (12/06)

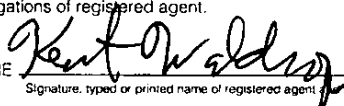
4. FEI Number
59-2727352

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

6. Name and Address of Current Registered Agent WALDROP, KENT 10542 CLYDESDALE DR, W JACKSONVILLE, FL 32257	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

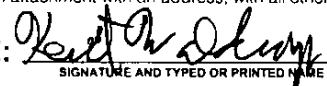
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P WALDROP, KENT 10542 CLYDESDALE DR, W JACKSONVILLE, FL 32257	
T THOMSON, ANITA 10456 OSPREY NEST DRIVE W JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
VP DAVIS, ROBIN 10579 CLYDESDALE DR, W JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
S HICKS, DONNA 10554 OSPREY NEST DR, E JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
D MUZZY, CAROL 10526 CLYDESDALE DR W JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
D MUZZY, GLENN 10526 CLYDESDALE DR W JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP MONTONERA, MICHAEL 10468 DEERFOOT LN. N. JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, PRESIDENT 4/19/07 904.262.2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #