

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14526

FILED  
Feb 01, 2009  
Secretary of State

Entity Name: NATURES FOREST ASSOCIATION, INC.

## Current Principal Place of Business:

10579 CLYDESDALE DR. W.  
JACKSONVILLE, FL 32257 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 56371  
JACKSONVILLE, FL 32241 US

## New Mailing Address:

FEI Number: 59-2727352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, ROBIN  
10579 CLYDESDALE DR. W.  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

DAVIS, SAMUEL  
10579 CLYDESDALE DR. W.  
JACKSONVILLE, FL 32257 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: SAMUEL DAVIS

02/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIS, ROBIN  
Address: 10579 CLYDESDALE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T ( ) Delete  
Name: THOMSON, ANITA  
Address: 10456 OSPREY NEST DRIVE W  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete  
Name: MONTERA, MICHAEL  
Address: 10468 DEERFOOT LN. N  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S ( ) Delete  
Name: WALDROP, KENT  
Address: 10542 CLYDESDALE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: MUZZY, CAROL  
Address: 10526 CLYDESDALE DR W  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: MUZZY, GLENN  
Address: 10526 CLYDESDALE DR W  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DAVIS, SAMUEL  
Address: 10579 CLYDESDALE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change ( ) Addition  
Name: THOMSON, ANITA  
Address: 10547 CLYDESDALE DR.W.  
City-St-Zip: JACKSONVILLE, FL 32257

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

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

Title: D (X) Change ( ) Addition  
Name: BERDAHL, LESLIE  
Address: 4735 MULBERRY BUSH CT.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change ( ) Addition  
Name: FORTIER, LYNN  
Address: 4753 TURKEY SCRATCH WAY  
City-St-Zip: JACKSONVILLE, FL 32257

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: ANITA THOMSON

T

02/01/2009

Electronic Signature of Signing Officer or Director

Date