2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001875

Entity Name: THE FOREST MANAGEMENT TRUST, INC.

FILED May 03, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
BUILDING 107 MOWRY RD UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611				2770 NW 43RD STREET SUITE B GAINESVILLE, FL 32606		
Current Mailing Address:				New Mailing Address:		
P O BOX 110760 GAINESVILLE, FL 32611				2770 NW 43RD STREET SUITE B GAINESVILLE, FL 32606		
FEI Number:	59-3102372	FEI Number Applied For ()	FEI Numb	er Not Applic	cable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	N	Name and	Address of N	ew Registered Agent:
6124 SW 3 GAINESVII The above	of Florida.	US	rpose of c	changing its	s registered of	fice or registered agent, or both,
Electronic Signature of Registered Agent				 Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete DICKINSON, JOSHUA C III 6124 SW 30 AVE GAINESVILLE, FL 32608		N A C	Title: Name: Address: Dity-St-Zip:		
Title: Name: Address: City-St-Zip:	D () GHOLZ, HENRY P.O. BOX 11042 GAINESVILLE, F	20	N A	ītle: lame: lddress: Dity-St-Zip:	TD (X) HANDLEY, DON P.O. BOX 263 FLORENCE, SC	
Title: Name: Address: City-St-Zip:	PUTZ, FRANCÉ	NY, UNIVERSITY OF FLORIDA	N A	ītle: lame: lddress: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () GIBSON,, DAVII 8512 W. OAK P VIENNA, VA		N A	ītle: lame: lddress: Dity-St-Zip:	ANKERSON, TH	UNIVERSITY OF FLORIDA
Title: Name: Address: City-St-Zip:	D (X) BERNER,, PIER 3540 SW ARCH GAINESVILLE, F	ER RD #157	N A	Title: Name: Address: Dity-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	PD (X) WILSON, THOM P.O. BOX 38282 GERMANTOWN	2	N A	Title: Name: Nddress: Dity-St-Zip:	()	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSHUA C DICKINSON, III PD 05/03/2004