

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001875

FILED  
Jul 27, 2005  
Secretary of State

**Entity Name:** THE FOREST MANAGEMENT TRUST, INC.

**Current Principal Place of Business:**

2770 NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2770 NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-3102372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DICKINSON, JOSHUA C III  
6124 SW 30 AVENUE  
GAINESVILLE, FL 32608      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DICKINSON, III, JOSHUA C  
Address: 6124 SW 30 AVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: TD      ( ) Delete  
Name: HANDLEY, DON  
Address: P.O. BOX 263  
City-St-Zip: FLORENCE, SC 29503

Title: VD      ( ) Delete  
Name: PUTZ, FRANCES E  
Address: DEPT OF BOTANY, UNIVERSITY OF FLORIDA  
City-St-Zip: GAINESVILLE, FL 32611

Title: SD      ( ) Delete  
Name: ANKERSON, THOMAS  
Address: DEPT OF LAW, UNIVERSITY OF FLORIDA  
City-St-Zip: GAINESVILLE, FL 32611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

MR

07/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date