

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90423 011 ****61.25

DOCUMENT # N93000001875						
1. Entity Name THE FOREST MANAGEMENT TRUST, INC.						
Principal Place of Business 2770 NW 43RD STREET SUITE B GAINESVILLE, FL 32606			Mailing Address 2770 NW 43RD STREET SUITE B GAINESVILLE, FL 32606			
2. Principal Place of Business 6124 SW 30 Ave		3. Mailing Address 6124 SW 30 Ave				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112008 Chg-NP CR2E037 (11/05)		
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 59-3102372		
Zip 32608		Country USA		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent DICKINSON, JOSHUA C III 6124 SW 30 AVENUE GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			Zip Code			
FL			FL			
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: <u>Joshua C Dickinson</u> DATE: <u>4/12/06</u>						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25 Due by May 1, 2006			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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME DICKINSON, III, JOSHUA C		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6124 SW 30 AVE	CITY-ST-ZIP GAINESVILLE, FL 32608			NAME _____	STREET ADDRESS _____	
CITY-ST-ZIP GAINESVILLE, FL 32608	CITY-ST-ZIP GAINESVILLE, FL 32608			TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	NAME HANDLEY, DON		<input type="checkbox"/> Delete	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P.O. BOX 263	CITY-ST-ZIP FLORENCE, SC 29503			STREET ADDRESS _____	CITY-ST-ZIP _____	
CITY-ST-ZIP FLORENCE, SC 29503	CITY-ST-ZIP FLORENCE, SC 29503			TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	NAME PUTZ, FRANCES E		<input type="checkbox"/> Delete	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS DEPT OF BOTANY, UNIVERSITY OF FLORIDA	CITY-ST-ZIP GAINESVILLE, FL 32611			STREET ADDRESS _____	CITY-ST-ZIP _____	
CITY-ST-ZIP GAINESVILLE, FL 32611	CITY-ST-ZIP GAINESVILLE, FL 32611			TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME ANKERSON, THOMAS		<input type="checkbox"/> Delete	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS DEPT OF LAW, UNIVERSITY OF FLORIDA	CITY-ST-ZIP GAINESVILLE, FL 32611			STREET ADDRESS _____	CITY-ST-ZIP _____	
CITY-ST-ZIP GAINESVILLE, FL 32611	CITY-ST-ZIP GAINESVILLE, FL 32611			TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____			STREET ADDRESS _____	CITY-ST-ZIP _____	
CITY-ST-ZIP _____	CITY-ST-ZIP _____			TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____			STREET ADDRESS _____	CITY-ST-ZIP _____	
CITY-ST-ZIP _____	CITY-ST-ZIP _____			TITLE _____	<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 title empowered.						
SIGNATURE: <u>Joshua C Dickinson</u>			Date: <u>4/12/06</u> Daytime Phone #: <u>852 373-2377</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						