

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000001875

1. Entity Name
THE FOREST MANAGEMENT TRUST, INC.



Principal Place of Business
6124 SW 30 AVE
GAINESVILLE, FL 32608

Mailing Address
6124 SW 30TH AVE
GAINESVILLE, FL 32608



02132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3102372

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DICKINSON, III, JOSHUA C
STREET ADDRESS 6124 SW 30 AVE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE TD
NAME HANDLEY, DON
STREET ADDRESS P.O. BOX 263
CITY-ST-ZIP FLORENCE, SC 29503

TITLE VD
NAME PUTZ, FRANCES E
STREET ADDRESS DEPT OF BOTANY, UNIVERSITY OF FLORIDA
CITY-ST-ZIP GAINESVILLE, FL 32611

TITLE SD
NAME DICKINSON, SARAH B
STREET ADDRESS 6124 SW 30TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000829496
02/26/08-80044-003 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

Date

352 373-2377

Daytime Phone #