2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N93000001875

Entity Name: THE FOREST MANAGEMENT TRUST, INC.

Current Principal Place of Business:

6124 SW 30 AVE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

6124 SW 30TH AVE
GAINESVILLE, FL 32608

New Mailing Address:

6124 SW 30 AVE
GAINESVILLE, FL 32608

FEI Number: 59-3102372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: DICKINSON, SARAH B
Address: 6124 SW 30TH AVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: HANDLEY, DON
Address: 1167 BERKELEY ST.
City-St-Zip: FLORENCE, SC 29503

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 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: JOSHUA C. DICKINSON III ED 01/05/2009

Electronic Signature of Signing Officer or Director — Date