

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001875

FILED  
Jan 05, 2012  
Secretary of State

**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 30 AVE  
GAINESVILLE, FL 32608

**New Mailing Address:**

**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  
**Name:** DICKINSON,III, JOSHUA C  
**Address:** 6124 SW 30 AVE  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** TD  
**Name:** HANDLEY, DON M  
**Address:** 1167 BERKELEY ST.  
**City-St-Zip:** FLORENCE, SC 29503

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** JOSHUA C. DICKINSON III

ED

01/05/2012

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

\_\_\_\_\_  
Date