


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002308</b>	
1. Entity Name MICANOPY HISTORIC PRESERVATION TRUST, INC.	

Principal Place of Business THRASHER WAREHOUSE CHOLOKKA BLVD MICANOPY, FL 32667	Mailing Address P O BOX 727 MICANOPY, FL 32667-0727 US
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03032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SAVINO, PHILIP 124 13 HWY 441 MICANOPY, FL 32667
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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 <i>Philip P. Savino</i>	<i>Philip P. Savino</i>	<i>3-10-05</i>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when restateing)</small>	<small>DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, DIANA B 101 CHOLOKKA BLVD MICANOPY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENBURG, JUDY PO BOX 457 MC INTOSH, FL 326640457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORBES, MEGAN J 206 E OCALA STREET MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAVINO, PHILIP 124 13 HWY 441 MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEARNEY, BARBARA 10226 SW 8TH TERRACE MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, MIMI 1673 NW 19TH CIRCLE GAINESVILLE, FL 32605

U000000260149 03/12/05-80013-008 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Philip P. Savino</i>	<i>Philip P. Savino</i>	<i>3-10-05</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>