

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 047 ****61.25

DOCUMENT # N94000002308

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

DO NOT WRITE IN THIS SPACE



03132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAVINO, PHILIP
124 13 HWY 441
MICANOPY, FL 32667

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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 <i>Larry Latson</i> <i>P.O. Box 153</i> P.O. BOX 457 MCINTOSH, FL 32667 <i>Micanopy, FL 32667</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORBES, MEGAN <i>Carr, Mimi</i> 206 E OCALA STREET <i>1673 N.W. 19th Cir</i> MICANOPY, FL 32667 <i>Gainesville, FL 32605</i>
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 <i>Judy Greenburg</i> 10228 SW 8TH TERRACE <i>P.O. Box 457</i> MICANOPY, FL 32667 <i>McIntosh, FL 32664</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, MIMI <i>Forbes, Megan J.</i> 4673 NW 19TH CIR <i>206 E. Ocala St.</i> GAINESVILLE, FL 32605 <i>Micanopy, FL 32667</i>

**DO NOT WRITE
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: *Philip J. Savino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-2-07* Daytime Phone #