

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

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90026 037 \*\*\*\*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**

**50000188**



01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**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 *Philip P. Savino*

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

(NOTE: Registered Agent signature required when reinstating)

**3-7-08**

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	COHEN, DIANA B
STREET ADDRESS	101 CHOLOKKA BLVD
CITY-ST-ZIP	MICANOPY, FL
TITLE	VD
NAME	LATSON, LARRY
STREET ADDRESS	PO BOX 153
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	SD
NAME	CARR, MIMI
STREET ADDRESS	1673 NW 19TH CIR
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	TD
NAME	SAVINO, PHILIP
STREET ADDRESS	124 13 HWY 441
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	SD
NAME	GREENBURG, JUDY
STREET ADDRESS	PO BOX 457
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	D
NAME	FORBES, MEGAN J
STREET ADDRESS	205 E OCALA ST
CITY-ST-ZIP	MICANOPY, FL 32667

**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 P. Savino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-08**

Date

**352-466-3663**

Daytime Phone #