

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002308

FILED
Apr 27, 2010
Secretary of State

Entity Name: MICANOPY HISTORIC PRESERVATION TRUST, INC.

Current Principal Place of Business:

THRASHER WAREHOUSE
CHOLOKKA BLVD
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

P O BOX 727
MICANOPY, FL 326670727 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAVINO, PHILIP
124 13 HWY 441
MICANOPY, FL 32667 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: COHEN, DIANA B
Address: 101 CHOLOKKA BLVD
City-St-Zip: MICANOPY, FL

Title: VD
Name: LATSON, LARRY
Address: PO BOX 153
City-St-Zip: MICANOPY, FL 32667

Title: SD
Name: CARR, MIMI
Address: 1673 NW 19TH CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: TD
Name: SAVINO, PHILIP
Address: 124 13 HWY 441
City-St-Zip: GAINESVILLE, FL 32605

Title: SD
Name: GREENBURG, JUDY
Address: PO BOX 457
City-St-Zip: MICANOPY, FL 32667

Title: D
Name: FORBES, MEGAN J
Address: 205 E OCALA ST
City-St-Zip: MICANOPY, FL 32667

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: PHILIP P. SAVINO

TREA

04/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date