

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002308

FILED  
Apr 30, 2012  
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 SAVINO

TREA

04/30/2012

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

\_\_\_\_\_  
Date