FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90003 035 ****61.25

DOCUMENT # N9600006146

FLORIDA LAND PRESERVATION FOUNDATION, INC.

Principal Place of Business
8072 NORTH 56TH STREET
TAMBA EL 20017

2. Principal Place of Business

Mailing Address

8072 NORTH 56TH STREET

TAMPA FL 33617

2a. Mailing Address

26

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Date Incorporated or Qualifed 11/27/1996

21		20												
Suite, Apt.	#, etc.	;	Suite, Ap	t. #, etc.				4. FEI Number 59-3408675			_	-+	ied For	
22		27						39-3400073					Applicable	
City & Stat	e	28	City & State					5. Certifcate of Status	Certificate of Status Desired			\$8.75 Additional Fee Required		
Zip	Country	7	Zip		Country	у		6. Election Campaign	Financing		\$5	.00 M	lay Be	
24	25 29						_	Trust Fund Contribution				ded to	Fees	
	9. Name and Address of Current	t Registe	ered Age	nt				10. Name and Address	s of New I	Registered A	Agent			
	-				81	1	Name							
MCNAMAF	ra, Thomas P				82	,	Street Addres	s (P.O. Box Number is I	Not Accents	able)				
	TO BAY BLVD.					7	000(1.100	· (• (• = • / • / • / • / • / • / • / • / • /						
SUITE 309					83	3								
TAMPA FL						_	0.4				85	Zip Co	vde	
IAMIATE	_ 000E3				84	•	City			FL	00	Zip Ot	, de	
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligat	of Hiorida	a. Such ci	hange was autr	iorized dy	уιп	named corporation	ation submits this staten s board of directors. I he	nent for the ereby acce	purpose of pt the appoin	changii itment	ng its re as regi	egistered stered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if	applicable.	(NOTE: Re	egistered Age	ent s	agnature required w			DATE				
12.	OFFICERS AN	D DIREC	CTORS		13.			ADDITIONS/CHANG	SES TO OF	FICERS AN				
TITLE	PD			DELETE	1.1 TITLE						☐ Ch	ange	☐ Addition	
NAME	HARRIS, TRACY J JR				1.2 NAME	:								
STREET ADDRESS	701 INDIANA AVENUE				1.3 STREE	ETA	DORESS							
CITY-ST-ZIP	PALM HARBOR FL 34683			'	1.4 CITY-5	ST-	ZIP							
TITLE	VD			DELETE	2.1 TITLE						Ch	ange	☐ Addition	
NAME	KEARNEY, CHARLES W JR				2.2 NAME									
STREET ADDRESS	COOF ALCHION DOAD				2.3 STREE	ΕTΑ	DORESS							
CITY-ST-ZIP	RIVERVIEW FL				2, 4 CFTY-	-ST-	ZIP							
TITLE	STD			DELETE	3.1 TITLE			· · · · · · · · · · · · · · · · · · ·			Ch	ange	Addition	
NAME	ROWLSON, MICHAEL D				3.2 NAME									
STREET ADDRESS	AATA MOREN SATU STREET				3.3 STREE	ETA	DDRESS							
CITY-ST-ZIP	TAMPA FL 33617				3.4. CITY-	-ST-	ZIP							
TITLE	D		Ĺ	DELETE	4.1 TITLE	_					☐ Ch	ange	☐ Addition	
NAME	NETTLES, N. SANDY				4. 2 NAME	Ε								
STREET ADDRESS	4700 OLEDWINE DONAL				4.3 STREE	ETA	DORESS							
CITY-ST-ZIP	NEW PORT RICHEY FL				4.4 CITY-		1							
TITLE	D	,	[DELETE	5.1 TITLE						Ch	ange	Addition	
NAME	SPICOLA, GUY W				5.2 NAME	:								
STREET ADDRESS	AGO N. AGUILEY DONE CHITE OF	300			5.3 STREE	ET A	DDRESS							
CITY-ST-ZIP	TAMPA FL				5.4 CITY-	ST-	ZIP							
TITLE	D			DELETE	6.1 TITLE					_	Ch	ange	Addition	
NAME	HARCROW, RICH				6.2 NAME	Ē								
STREET ADDRESS		0000			6.3 STREE	FTA	DORESS							
STREET NUMESS	I HILL PREIMPIN DIVIL SINF	2111111			0.0 0 11 421									
CITY-ST-ZIP	101 E KENNEDY BLVD., SUITE	2000			6.4 CITY-5									

lemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar The receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in attachment with an address with all other like empowered. officer or director of the corporation or Block 12 or Block 13 if changed or

SIGNATURE:

813-621-7454