

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


7990  
20

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90110 009 \*\*\*\*61.25

**DOCUMENT # N96000006146**

1. Entity Name  
FLORIDA LAND PRESERVATION FOUNDATION, INC.




Principal Place of Business  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569

Mailing Address  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569

40061942

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



04062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3408675

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

REED, JAMES M  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NETTLES, SANDY N	
STREET ADDRESS	1766 OVERVIEW DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARCROW, RICK	
STREET ADDRESS	2905 BAYSHORE BLVD., SUITE 200	
CITY - ST - ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLSON, MICHAEL D	
STREET ADDRESS	14055 RIVEREDGE DRIVE, SUITE 140	
CITY - ST - ZIP	TAMPA, FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARCROW, RICK	
STREET ADDRESS	ONE HARBOUR PLACE, SUITE 200	
CITY - ST - ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: me  8-20-06 813-928-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #