

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006146

FILED
Mar 26, 2009
Secretary of State

Entity Name: FLORIDA LAND PRESERVATION FOUNDATION, INC.

Current Principal Place of Business:

5115 JOANNE KEARNEY BLVD
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5115 JOANNE KEARNEY BLVD
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3408675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, JAMES M
5115 JOANNE KEARNEY BLVD
TAMPA, FL 33619 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: D () Delete
Name: NETTLES, SANDY N
Address: 1766 OVERVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: HARCROW, RICK
Address: ONE HARBOUR PLACE, SUITE 200
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: REED, JAMES M
Address: 5115 JOANNE KEARNEY BLVD
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES M REED

D

03/26/2009

Electronic Signature of Signing Officer or Director

Date