

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90032 011 ****70.00

DOCUMENT # N97000003843					
1. Entity Name OAKLAND NATURE PRESERVE, INC.					
Principal Place of Business 747 MACHETE TRAIL OAKLAND, FL 34760			Mailing Address POST OFFICE BOX 841 OAKLAND, FL 34760		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		02122005 Chg-NP CR2E037 (10/03)
4. FEI Number 59-3464532				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASSEWER, MARIO Jim Thomas 747 MACHETE TRAIL OAKLAND, FL 34760			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 <i>James Milton Thomas</i>				DATE <i>2/12/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing ☐	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JAMES 14908 TIDEN RD. WINTER GARDEN, FL 34787	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROLF, KUHN 17569 SEIDNER WINTER GARDEN, FL 34787	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINTO, YVONNE 821 SIMEON DR OAKLAND, FL 34760	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Deam, Nancy 17569 Seidner Rd Winter Garden FL 34789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Frank Merritt 32 Oakland Point Oakland FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>James Milton Thomas</i>				DATE: <i>2/12/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR				DAYTIME PHONE # <i>(407) 656-8277</i>	