

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003843

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: OAKLAND NATURE PRESERVE, INC.

**Current Principal Place of Business:**

747 MACHETE TRAIL  
OAKLAND, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 841  
OAKLAND, FL 34760

**New Mailing Address:**

FEI Number: 59-3464532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, JAMES  
747 MACHETE TRAIL  
OAKLAND, FL 34787 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: PRES ( ) Delete  
Name: THOMAS, JAMES M  
Address: 14908 TIDEN RD.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: TREA ( ) Delete  
Name: JOINER, THERESA  
Address: P.O. BOX 243  
City-St-Zip: OAKLAND, FL 34760

Title: SECR ( ) Delete  
Name: HICKMAN, DON  
Address: 17024 JOHNS LAKE DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: C (X) Delete  
Name: MERRITT, FRANK  
Address: 32 OAKLAND POINTE  
City-St-Zip: OAKLAND, FL 34760

**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:

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: TOM RODRIGUEZ

EXDI

03/05/2009

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

\_\_\_\_\_  
Date