

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000000941

1. Entity Name
FLORIDA TURTLE CONSERVATION TRUST, INC.



Principal Place of Business
**1213 ALHAMBRA WAY S
ST PETERSBURG, FL 33705-4620**

Mailing Address
**1213 ALHAMBRA WAY S
ST PETERSBURG, FL 33705-4620**



04052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0914313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEINRICH, GEORGE L
1213 ALHAMBRA WAY S
ST PETERSBURG, FL 33705-4620**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HEINRICH, GEORGE L
1213 ALHAMBRA WAY S
SAINT PETERSBURG, FL 337054620**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUTLER, PH. D., JOSEPH A
2883 DICKIE COURT
JACKSONVILLE, FL 32216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VAN NESS, CARLA
4881 E. VAN NESS RD
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WEWERKA, LAURA
2155 TWIN BROOKS ROAD
FORT MYERS, FL 33917**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WALSH, TIMOTHY J
2422 ORANGE AVE
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000715326
04/27/07-80060-017 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George L Heinrich 4-17-07 (727) 865-6255