


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90036 034 ****61.25

DOCUMENT # N99000007366
 1. Entity Name
CONSERVATION TRUST FOR FLORIDA, INC.



Principal Place of Business Mailing Address
704 DIVISION STREET **PO BOX 134**
MICANOPY FL 32667 **MICANOPY FL 32667-0134**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3613021 Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
SHIRES, LOUISE K
704 DIVISION STREET
MICANOPY FL 32667

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 *Louise K. Shires, Executive Director* DATE 2/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D ZINN, TERRY L 27715 NW 107TH ST ALACHUA FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, MICHAEL 301 W SEMINARY ST MICANOPY FL 32667	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, KATHLEEN 7415 SW 93RD AVE GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEVING, KATIE 3709 SW 15TH ST GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JONI 5449 NW 13TH AVE GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIS, DAVID PO BOX 1995 MELROSE FL 32666	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy Peterson, VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1308 SW 96th Street Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mike Campbell 301 W Seminary Street Micanopy, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (S/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Katie Sieving 3709 SW 15th Street Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Carr 1321 NW 10th Avenue Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Kathleen Williams 7415 SW 93rd Avenue Gainesville, FL 32608

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: *Michael Campbell* 020905 3524663919
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

N99000007366

Florida Department of State
2005 Not-for-Profit Corporation Annual Report

ATTACHMENT

40017117

CONSERVATION TRUST FOR FLORIDA, INC.
#59-3613021

11. Addition to Officers and Directors in 10

Total number of Board members: eight (8)
Hugh Popenoe D
9650 NE 150th Avenue
Williston, FL 32696
