


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90018 015 ****61.25

DOCUMENT # N99000007366					
1. Entity Name CONSERVATION TRUST FOR FLORIDA, INC.					
Principal Place of Business 704 DIVISION STREET MICANOPY, FL 32667		Mailing Address PO BOX 134 MICANOPY, FL 32667-0134			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3613021	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
SHIRES, LOUISE K 704 DIVISION STREET MICANOPY, FL 32667		Name Louise K. Shires Byerly			
		Street Address (P.O. Box Number is Not Acceptable) 704 N Division Street			
		City Micanopy FL Zip Code 32667			
		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>Louise K. Shires Byerly</i>		DATE 2/15/07			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD ZINN, TERRY L 27715 NW 107TH ST ALACHUA, FL 32615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zinn, Terry L. 27715 NW 107th St. Alachua, FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPBELL, MICHAEL 301 W SEMINARY ST MICANOPY, FL 32667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Hendrix 144 Bakers Acres Rd Hawthorne, FL 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARR, DAVID 1721 NW 10TH AVE. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hugh Popanove 9650 NE 150th Avenue Williston FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEVING, KATIE 3709 SW 15TH ST GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keith Glynan 16990 NUS Hwy 441 Reddick, FL 32686	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, NANCY 1308 SOUTHWEST 96TH STREET GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Peterson 1308 SW 96th Street Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIS, DAVID PO BOX 1995 MELROSE, FL 32666	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Schlitzkus P.O. Box 98 Hawthorne, FL 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>M. Campbell</i>		DATE: February 26, 2007		Daytime Phone #: 352 466 3919	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

40027912

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Florida Department of State
2007 Not-for-Profit Corporation Annual Report

ATTACHMENT

CONSERVATION TRUST FOR FLORIDA, INC.
#59-3613021

11. Addition to Officers and Directors in 10

Total number of Board members: eleven (11)

Barry Rutenberg
P.O. Box 358080
Gainesville, FL 32635
Stephen Nesbitt
5407 SW 86th Drive
Gainesville, FL 32608