

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007366

FILED
Mar 20, 2009
Secretary of State

Entity Name: CONSERVATION TRUST FOR FLORIDA, INC.

Current Principal Place of Business:

704 DIVISION STREET
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

PO BOX 134
MICANOPY, FL 326670134

New Mailing Address:

FEI Number: 59-3613021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRES BYERLY, LOUISE K
704 DIVISION STREET
MICANOPY, FL 32667 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: PD () Delete
Name: ZINN, TERRY L
Address: POB 134
City-St-Zip: MICANOPY, FL 32667

Title: TD () Delete
Name: CAMPBELL, MICHAEL
Address: POB 134
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: CARR, DAVID
Address: POB 134
City-St-Zip: MICANOPY, FL 32667

Title: VD () Delete
Name: SCHLITZ, BILL
Address: POB 134
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: PETERSON, NANCY
Address: POB 134
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: PAIS, DAVID
Address: PO BOX 1995
City-St-Zip: MELROSE, FL 32666

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:

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: MICHAEL CAMPBELL

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date