

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007366

FILED  
Feb 16, 2011  
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:**

502 CHOLOKKA BLVD.  
MICANOPY, FL 32667

**Current Mailing Address:**

PO BOX 134  
MICANOPY, FL 326670134

**New Mailing Address:**

P.O. BOX 134  
MICANOPY, FL 32667

FEI Number: 59-3613021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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:**

BLOCK, BRIAN A  
502 CHOLOKKA BLVD.  
MICANOPY, FL 32667 US

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: BRIAN A. BLOCK

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, KATHLEEN  
Address: POB 134  
City-St-Zip: MICANOPY, FL 32667

Title: VD  
Name: CONAWAY, MARLENE  
Address: POB 134  
City-St-Zip: MICANOPY, FL 32667

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

Title: SD  
Name: PAIS, DAVID  
Address: POB 134  
City-St-Zip: MICANOPY, FL 32667

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

Title: TD  
Name: CAMPBELL, MICHAEL S  
Address: PO BOX 134  
City-St-Zip: MICANOPY, FL 32667

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN S. WILLIAMS

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date