## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007366

FILED Apr 27, 2012 Secretary of State

Entity Name: CONSERVATION TRUST FOR FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

502 CHOLOKKA BLVD. 1731 NW 6TH STREET, SUITE F GAINESVILLE, FL 32609

Current Mailing Address: 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: Name and Address of New Registered Agent:

BLOCK, BRIAN A

502 CHOLOKKA BLVD.

MICANOPY, FL 32667 US

LOUISE, BYERLY K

1731 NW 6TH STREET, SUITE F

GAINESVILLE, FL 32609 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: LOUISE KISLIG-SHIRES BYERLY 04/27/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: PAIS, DAVID Address: POB 134

City-St-Zip: MICANOPY, FL 32667

Title: VD

Name: MONTGOMERY, ED

Address: POB 134

City-St-Zip: MICANOPY, FL 32667

Title:

Name: CARR, DAVID Address: POB 134

City-St-Zip: MICANOPY, FL 32667

Title: SD

 Name:
 STEPHEN, NESBITT

 Address:
 POB 134

 City-St-Zip:
 MICANOPY, FL 32667

Title: TD

Name: PETERSON, NANCY

Address: POB 134

City-St-Zip: MICANOPY, FL 32667

Title:

Name: CONAWAY, MARLENE 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: DAVID PAIS PRES 04/27/2012