

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90195 014 \*\*\*\*61.25

DOCUMENT # **N99000007366**

1. Entity Name  
**CONSERVATION TRUST FOR FLORIDA, INC.**



Principal Place of Business  
**502 SW 179 AVENUE  
MICANOPY FL 32667**

Mailing Address  
**PO BOX 134  
MICANOPY FL 32667-0134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3613021**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEFFE, NANCY  
502 SW 179 AVENUE  
MICANOPY FL 32667**

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 *Nancy Meffe* **NANCY MEFFE, TREASURER** 4/11/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, MIKE</b>	
STREET ADDRESS	<b>301 W SEMINARY STREET</b>	
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>CARR, DAVID</b>	
STREET ADDRESS	<b>1721 NW 10 TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>ELLIS, JONI</b>	
STREET ADDRESS	<b>5449 NW 13TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>MEFFE, NANCY</b>	
STREET ADDRESS	<b>502 SW 179 AVENUE</b>	
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>OGLE, YVETTE R</b>	
STREET ADDRESS	<b>17815 S.E. 21ST STREET</b>	
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREENBERG, JUDY</b>	
STREET ADDRESS	<b>PO BOX 457</b>	
CITY-ST-ZIP	<b>MCINTOSH FL 32664</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIEVING, KATIE</b>	
STREET ADDRESS	<b>3709 SW 15th ST</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, KATHLEEN</b>	
STREET ADDRESS	<b>1715 SW 93rd AVE.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLIS, JONI</b>	
STREET ADDRESS	<b>5449 NW 13TH AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Nancy Meffe* **NANCY MEFFE, TREASURER** 4/11/03  
**352H66-3972**

CR2E037 (10/02)