

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007366

FILED
Jan 30, 2019
Secretary of State
2348068695CC

Entity Name: CONSERVATION TRUST FOR FLORIDA, INC.

Current Principal Place of Business:

408 WEST UNIVERSITY AVENUE
SUITE 402
GAINESVILLE, FL 32601

Current Mailing Address:

408 WEST UNIVERSITY AVENUE
SUITE 402
GAINESVILLE, FL 32601 US

FEI Number: 59-3613021

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DEEN, TRACI ESQ.
408 WEST UNIVERSITY AVENUE
SUITE 402
GAINESVILLE, FL 32601 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: TRACI DEEN, ESQ.

01/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PAIS, DAVID
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name MONTGOMERY, ED
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name SHITAMA, CELESTE
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title PRESIDENT, DIRECTOR
Name GEAREN, LISA
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR, VP
Name RUTENBERG, BARRY
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name HARDESTY, JEFFREY L
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR, SECRETARY
Name NAYFIELD, K C
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name CRONIN-JONES, LINDA L
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

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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: TRACI DEEN, ESQ.

EXECUTIVE DIRECTOR

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, TREASURER
Name GRAHAM, JON
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name REGENFUSS, JOHN M
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

Title CEO
Name DEEN, TRACI ESQ.
Address 408 WEST UNIVERSITY AVENUE
SUITE 402
City-State-Zip: GAINESVILLE FL 32601