

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007366

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC6198536396**

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

**Current Principal Place of Business:**

1731 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32609

**Current Mailing Address:**

1731 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32609 US

**FEI Number:** 59-3613021

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FERNANDEZ, CYNDI  
1731 NW 6TH STREET  
SUITE D  
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:** CYNDI FERNANDEZ

04/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name PAIS, DAVID  
Address 1731 NW 6TH STREET  
SUITE D  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name MONTGOMERY, ED  
Address 1731 NW 6TH STREET  
SUITE D  
City-State-Zip: GAINESVILLE FL 32609

Title VP, DIRECTOR  
Name SHITAMA, CELESTE  
Address 1731 NW 6TH STREET  
SUITE D  
City-State-Zip: GAINESVILLE FL 32609

Title PRESIDENT, DIRECTOR  
Name GEAREN, LISA  
Address 1731 NW 6TH STREET  
SUITE D  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name MCCREA, JACOB  
Address 1731 NW 6TH STREET  
SUITE D  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name WEST, JANE  
Address 1731 NW 6TH STREET  
SUITE D  
City-State-Zip: GAINESVILLE FL 32609

Title TREASURER, DIRECTOR  
Name RUTENBERG, BARRY  
Address 1731 NW 6TH STREET  
SUITE D  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name HARDESTY, JEFFREY L  
Address 1731 NW 6TH STREET  
SUITE D  
City-State-Zip: GAINESVILLE FL 32609

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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:** LISA GEAREN

PRESIDENT

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NAYFIELD, K C  
Address        1731 NW 6TH STREET  
                  SUITE D  
City-State-Zip: GAINESVILLE FL 32609

Title           DIRECTOR  
Name           CRONIN-JONES, LINDA L  
Address        1731 NW 6TH STREET  
                  SUITE D  
City-State-Zip: GAINESVILLE FL 32609