

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002873

Entity Name: NORTH AMERICAN LAND TRUST INC.**Current Principal Place of Business:**100 HICKORY HILL ROAD
CHADDS FORD, PA 19317**Current Mailing Address:**C/O SMART CHARITY
11890 SUNRISE VALLEY DRIVE, SUITE 206
RESTON, VA 20191 US**FEI Number:** 23-2698266**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	CARTER, STEVEN
Address	100 HICKORY HILL ROAD
City-State-Zip:	CHADDS FORD PA 19317

Title	TREASURER, DIRECTOR
Name	HALDERMAN, J. PAUL
Address	100 HICKORY HILL ROAD
City-State-Zip:	CHADDS FORD PA 19317

Title	SECRETARY
Name	ASIMOS, GEORGE
Address	100 HICKORY HILL ROAD
City-State-Zip:	CHADDS FORD PA 19317

Title	ASSISTANT SECRETARY
Name	SOMERS, KRISTA
Address	100 HICKORY HILL ROAD
City-State-Zip:	CHADDS FORD PA 19317

Title	CHAIRMAN
Name	MCINTIRE, WILLIAM
Address	100 HICKORY HILL ROAD
City-State-Zip:	CHADDS FORD PA 19317

Title	VC
Name	BUTLER, JACK
Address	100 HICKORY HILL ROAD
City-State-Zip:	CHADDS FORD PA 19317

Title	DIRECTOR
Name	SNOOK, JOHN D.
Address	100 HICKORY HILL ROAD
City-State-Zip:	CHADDS FORD PA 19317

Title	DIRECTOR
Name	VAN DE GEVEL, SASKIA L.
Address	100 HICKORY HILL ROAD
City-State-Zip:	CHADDS FORD PA 19317

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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: STEVEN CARTER**PRESIDENT****04/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAZZA, KAREN
Address 100 HICKORY HILL ROAD
City-State-Zip: CHADDS FORD PA 19317

Title DIRECTOR
Name WALDON, JEFF
Address 100 HICKORY HILL ROAD
City-State-Zip: CHADDS FORD PA 19317

Title DIRECTOR
Name HARBECK, WILLIAM
Address 100 HICKORY HILL ROAD
City-State-Zip: CHADDS FORD PA 19317