

**2022 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:**INCRP 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            DIRECTOR  
Name            HALDERMAN, J. PAUL  
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, JOHN  
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            MCILLVAINE, BARBARA L.  
Address        100 HICKORY HILL ROAD  
City-State-Zip: CHADDS FORD PA 19317

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

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

**Continues on page 2**

*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****04/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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