**2024 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**
**Dec 10, 2024**
**Secretary of State**
**7833519624CC**

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:**

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702 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: DAVID ROBERTS 12/10/2024

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 | CHAIRMAN |
| Name | MCINTIRE, WILLIAM |
| 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, SECRETARY |
| Name | MAZZA, KAREN |
| 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 | VICE CHAIR |
| Name | BUTLER, JOHN |
| 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 |
| 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 12/10/2024

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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

| | |
|---|---|
| Title | TREASURER |
| Name | SOMERS, JEFFREY |
| Address | 100 HICKORY HILL ROAD |
| City-State-Zip: | CHADDS FORD PA 19317 |