

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2: 18

DOCUMENT # 743244 (6)
1. Corporation Name
THE FLORIDA TRUST FOR HISTORIC PRESERVATION, INC

Principal Place of Business Mailing Address
P.O. BOX 11206 TALLAHASSEE FL 32302 P.O. BOX 11206 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/13/1978 3a. Date of Last Report 07/11/1994
4. FEI Number 59-1834416 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HARDIN, CYNTHIA
500 S. BRONOUGH STREET
ROOM 426
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Cynthia Hardin* Cynthia Hardin DATE 12/11/95
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SLESNICK, DONALD
STREET ADDRESS	827 N GREENWAY DRIVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DS
NAME	BOURQUE, FRANCES
STREET ADDRESS	106 BASIN DR.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	WILLIAMS, JANIS
STREET ADDRESS	P. O. BOX 3404 N/A
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	DT
NAME	MONAHAN, KATHLEEN
STREET ADDRESS	P.O. BOX 5004 N/A
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	D
NAME	SMITH, SYLVIA VEGA
STREET ADDRESS	5018 THE RIVIERA
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	GRACE, WILLIAM H.
STREET ADDRESS	P.O. BOX 2119 N/A
CITY-ST-ZIP	FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald D. Slesnick* DONALD D. SLESNICK 2/6/95 303/4774820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Title