

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 OCT 14 AM 9:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



400001977034--2
 -10/16/96--01061--010
 *****61.25 *****61.25

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

3. Date Incorporated or Qualified 06/13/1978 3a. Date of Last Report 02/13/1995
 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
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 500 S. Bronough St. 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Room 426 27
 City & State City & State
 23 Tallahassee FL 28
 Zip Country Zip Country
 24 32399 25 Leon 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 Judith Carpenter D
 82 Street Address (P.O. Box Number is Not Acceptable) 500 S. Bronough Street, Rm 426
 83
 84 City Tallahassee FL 85 Zip Code 32399

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Judith Carpenter* DATE: 8/5/96
 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	R SLESNICK, DONALD <input checked="" type="checkbox"/> DELETE
NAME	827 N GREENWAY DRIVE
STREET ADDRESS	CORAL GABLES FL
CITY - ST - ZIP	
TITLE	DS BODRQUE, FRANCES <input checked="" type="checkbox"/> DELETE
NAME	106 BASIN DR.
STREET ADDRESS	DELRAY BEACH FL
CITY - ST - ZIP	
TITLE	D WILLIAMS, JANIS <input checked="" type="checkbox"/> DELETE
NAME	P. O. BOX 3404 N/A
STREET ADDRESS	ST. AUGUSTINE FL
CITY - ST - ZIP	
TITLE	DK MONAHAN, KATHLEEN <input checked="" type="checkbox"/> DELETE
NAME	P.O. BOX 5004 N/A
STREET ADDRESS	TARPON SPRINGS FL
CITY - ST - ZIP	
TITLE	D SMITH, SYLVIA VEGA <input checked="" type="checkbox"/> DELETE
NAME	5018 THE RIVERA
STREET ADDRESS	TAMPA FL
CITY - ST - ZIP	
TITLE	D GRACE, WILLIAM H. <input checked="" type="checkbox"/> DELETE
NAME	P.O. BOX 2119 N/A
STREET ADDRESS	FORT MYERS FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sylvia Vega Smith
1.3 STREET ADDRESS	5018 The Riviera P
1.4 CITY - ST - ZIP	Tampa FL 33609
2.1 TITLE	Vice President. Membership <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bonnie Duhans VP, D
2.3 STREET ADDRESS	La Terrasse
2.4 CITY - ST - ZIP	Lakeland FL 33813
3.1 TITLE	Vice President. Development <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tom Russell VP, D
3.3 STREET ADDRESS	8225 Water Street, Ste 1235
3.4 CITY - ST - ZIP	Jacksonville FL 32202
4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marion Almy S, D
4.3 STREET ADDRESS	P.O. Box 5103 (NM)
4.4 CITY - ST - ZIP	Sarasota FL 34237
5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Arnold Greenfield T
5.3 STREET ADDRESS	3194 Via Abitaca
5.4 CITY - ST - ZIP	Colonet Grove FL 33133
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Judith Carpenter
6.3 STREET ADDRESS	Florida Trust
6.4 CITY - ST - ZIP	500 S. Bronough Street Rm 426 D Tallahassee FL 32399-040

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)(k), 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: *Judith Carpenter* DATE: 8/5/96 904/220-8128
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)