


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743244 (6)

1. Corporation Name
THE FLORIDA TRUST FOR HISTORIC PRESERVATION, INC



Principal Place of Business 500 S. BRONOUGH ST. ROOM 426 TALLAHASSEE FL 32399	Mailing Address P.O. BOX 11206 TALLAHASSEE FL 32302-3206
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3. Date Incorporated or Qualified 06/13/1978	3a. Date of Last Report 10/14/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	30

4. FEI Number 59-1834416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARPENTER, JUDITH
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME VEGA SMITH, SYLVIA	
STREET ADDRESS 5018 THE RIVIERA	
CITY-ST-ZIP TAMPA FL 33609	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME BURHANS, BONNIE	
STREET ADDRESS 4 LA TERRAZA	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME PURCELL, TOM	
STREET ADDRESS 225 WATER STREET, STE. 1235	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE S	<input type="checkbox"/> DELETE
NAME ALMY, MARION	
STREET ADDRESS P.O. BOX 5103 N/A	
CITY-ST-ZIP SARASOTA FL 34277	
TITLE T	<input type="checkbox"/> DELETE
NAME GREENFIELD, ARNOLD	
STREET ADDRESS 3194 VICA ABITCOVE	
CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE D	<input type="checkbox"/> DELETE
NAME CARPENTER, JUDITH	
STREET ADDRESS 500 S. BRONOUGH ST. RM 426	
CITY-ST-ZIP TALLAHASSEE FL 32399-0250	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Purcell, Tom	
1.3 STREET ADDRESS 225 Water St., Ste 1235	
1.4 CITY-ST-ZIP Jacksonville FL 32202	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Tarapuzi, John	
2.3 STREET ADDRESS 128 E. Taylor Ave	
2.4 CITY-ST-ZIP Tarpon Springs FL 34689	
3.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Gross, Chauncey	
3.3 STREET ADDRESS P.O. Box 1633	
3.4 CITY-ST-ZIP Boca Grande FL 33921	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CF2E037 (9/96)