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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 743244

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

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| Principal Place of Business 500 S. BRONOUGH ST. ROOM 426 TALLAHASSEE FL 32399 | Mailing Address P.O. BOX 11206 TALLAHASSEE FL 32302 |
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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 06/13/1978 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1834416 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 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 <i>Heather Mitchell</i> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE P | DELETE PURCELL, TOM 2255 WATER ST STE 1235 JACKSONVILLE FL | 1.1 TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Arnold Greenfield 3114 VIA ABITABE Coconut Grove FL 33133 |
| TITLE VPD | DELETE TARAPAH, JOHN 128 E TARPON AVE TARPON SPRINGS FL | 2.1 TITLE VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elaine Romans 1611 Riverside Ave Jax FL 32204 |
| TITLE VPD | DELETE GOSS, CHAWNCEY P O BOX 1633 N/A BOCA GRANDE FL | 3.1 TITLE VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mimi Hardman 325 S. Scenic Highway Lake Wales FL 33853 |
| TITLE S | DELETE ALMY, MARION P.O. BOX 5103 N/A SARASOTA FL 34277 | 4.1 TITLE S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Virginia Little 1145 10th Ave NE St. Petersburg FL 33704 |
| TITLE T | DELETE GREENFIELD, ARNOLD 3194 VICA ABITCOVE COCONUT GROVE FL 33133 | 5.1 TITLE T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bonnie Burkens 4 La Terraza Lakeland FL 33813 |
| TITLE D | DELETE CARPENTER, JUDITH 500 S. BRONOUGH ST. RM 426 TALLAHASSEE FL 32399-0250 | 6.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Heather Mitchell 500 S. Bronough Street Rm 426 Tallahassee FL 32399 |

14. I 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, with all other like empowered.

SIGNATURE: *Katherine Harris* 3/29/99 850.244.8128
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)