

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743244

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE FLORIDA TRUST FOR HISTORIC PRESERVATION, INC.

Current Principal Place of Business:

114 B THOMASVILLE RD
TALLAHASSEE, FL 32303

New Principal Place of Business:

1114 B THOMASVILLE RD
TALLAHASSEE, FL 32303

Current Mailing Address:

P.O. BOX 11206
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-1834416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLESNICK KAUFFMAN, KATHLEEN
1114 B THOMASVILLE RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

KAUFFMAN, KATHLEEN
1114 B THOMASVILLE RD
TALLAHASSEE, FL 32303 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: KATHLEEN KAUFFMAN

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HADEED, AL
Address: PO BOX 190
City-St-Zip: FLAGLER BEACH, FL 321360190

Title: T () Delete
Name: TARMEY, MARK
Address: 450 ST. FRANCIS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: UGUCCIONI, ELLEN
Address: 1115 OBISPO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: VPM () Delete
Name: CLARKE, BECKY
Address: 5139 NICHOL ST
City-St-Zip: TAMPA, FL 33611

Title: VPD () Delete
Name: BURHANS, BONNIE
Address: 4 LA TERRAZA
City-St-Zip: LAKELAND, FL 33813

Title: ED () Delete
Name: KAUFFMAN, KATHLEEN
Address: 1114 B THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLARKE, BECKY
Address: 5139 SOUTH NICHOL STREET
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPM (X) Change () Addition
Name: MADDOX, NANCY
Address: 202 NORTH FLORIDA AVENUE
City-St-Zip: DELAND, FL 32720

Title: VPD (X) Change () Addition
Name: JEFFREY, ROBERT
Address: 2302 1ST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN KAUFFMAN

ED

04/27/2005

Electronic Signature of Signing Officer or Director

Date