


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90266 030 ****61.25

DOCUMENT # 743244

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



Principal Place of Business
**1114 B THOMASVILLE RD
 TALLAHASSEE, FL 32303**


Mailing Address
**P.O. BOX 11206
 TALLAHASSEE, FL 32302**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1834416

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~KAUFFMAN, KATHLEEN~~
**1114 B THOMASVILLE RD
 TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name
WEISS, CAROLINE

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carolina Weiss* **Executive Director** 1/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLARKE, BECKY	
STREET ADDRESS	5139 SOUTH NICHOL STREET	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	T	<input type="checkbox"/> Delete
NAME	TARMEY, MARK	
STREET ADDRESS	450 ST. FRANCIS STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	UGUCCIONI, ELLEN	
STREET ADDRESS	1115 OBISPO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	MADDOX, NANCY	
STREET ADDRESS	202 NORTH FLORIDA AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JEFFREY, ROBERT	
STREET ADDRESS	2302 1ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	KAUFFMAN, KATHLEEN	
STREET ADDRESS	1114 B THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, CAROLINE	
STREET ADDRESS	1114 B THOMASVILLE RD	
CITY-ST-ZIP	Tallahassee FL 32303	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Carolina Weiss* **Executive Director** 1/4/06 850-224-8128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #