

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743244

FILED
Jan 12, 2007
Secretary of State

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

Current Principal Place of Business:

1114 B THOMASVILLE RD
TALLAHASSEE, FL 32303

New Principal Place of Business:

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 (X)

Name and Address of Current Registered Agent:

WEISS, CAROLINE
1114 B THOMASVILLE RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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: MADDOX, NANCY
Address: 202 NORTH FLORIDA AVENUE
City-St-Zip: DELAND, FL 32720

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRS (X) Change () Addition
Name: TARMEY, MARK
Address: 450 ST. FRANCIS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC (X) Change () Addition
Name: KEYS, LESLEE
Address: 37 BAY VIEW DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VPM (X) Change () Addition
Name: MADDOX, NANCY
Address: 221 MIDDLE WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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 Chapter 119, 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: CAROLINE T. WEISS

ED

01/12/2007

Electronic Signature of Signing Officer or Director

_____ Date