

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006011

DOCUMENT # **743244**

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



FILED

03 MAY -1 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**114 B THOMASVILLE RD
TALLAHASSEE FL 32303**

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

2. Principal Place of Business

1114 B Thomasville Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL.

City & State

Zip

32303

Country

Country

4. FEI Number **59-1834416**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MITCHELL, HEATHER
114 B THOMASVILLE RD
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **Kathleen Slesnick**

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

1114 B Thomasville Rd.

City **Tallahassee**

FL

Zip Code

32303

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 **KATHLEEN Slesnick, Executive Director**

4.30.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	T	<input checked="" type="checkbox"/> Delete
NAME	GREENFIELD, ARNOLD	
STREET ADDRESS	3194 VIA ABITARE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TARAPANI, JOHN	
STREET ADDRESS	128 N SPRING BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HARDMAN, MIMI	
STREET ADDRESS	325 S. SCENIC HWY	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLEMAN, PAT H	
STREET ADDRESS	2000 OCEAN BLVD 301	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	BURHANS, BONNIE	
STREET ADDRESS	4 LA TERRAZA	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, HEATHER	
STREET ADDRESS	114 B THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL HADEED	
STREET ADDRESS	PO BOX 190	
CITY-ST-ZIP	FLAGLER BEACH, FL. 32136-0190	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 HBR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN M GUCCIONI	
STREET ADDRESS	1115 OBISPD AVE.	
CITY-ST-ZIP	CORAL GABLES, FL. 33134.	
TITLE	VPM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKY CLARKE	
STREET ADDRESS	5139 NICHOL ST.	
CITY-ST-ZIP	TAMPA, FL. 33611	
TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100018471271	
CITY-ST-ZIP	05/07/03--01124--025 **\$1.00	
TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN SLESNICK	
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 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 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:

Carolyn J. Sharpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)