

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743244

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

**FILED**  
**Aug 29, 2017**  
**Secretary of State**  
**CC1627541376**

**Current Principal Place of Business:**

906 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 11206  
TALLAHASSEE, FL 32302

**FEI Number: 59-1834416**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WYLLIE, MELISSA  
906 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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:** MELISSA WYLLIE

08/29/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           TARMEY, MARK  
Address        322 BEARD ST  
City-State-Zip: TALLAHASSEE FL 32303

Title           PRESIDENT  
Name           MITTNER, FRIEDERIKE  
Address        PO BOX 3366  
City-State-Zip: WEST PALM BEACH FL 33402

Title           VICE PRESIDENT  
Name           MALLOY, RYAN  
Address        519 OLEANDER WAY S  
City-State-Zip: ST. PETERSBURG FL 33707

Title           SECRETARY  
Name           WOLFE, JENNY  
Address        PO BOX 210  
City-State-Zip: ST. AUGUSTINE FL 32085

Title           EXECUTIVE DIRECTOR  
Name           WYLLIE, MELISSA EXEC DIRECTOR  
Address        POST OFFICE BOX 11206  
City-State-Zip: TALLAHASSEE FL 32302

*I hereby 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 all other like empowered.*

**SIGNATURE:** MELISSA WYLLIE

**EXECUTIVE DIRECTOR**

08/29/2017

Electronic Signature of Signing Officer/Director Detail

Date