

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741446

FILED  
Apr 25, 2004  
Secretary of State

Entity Name: MUNSON AREA PRESERVATION, INC.

**Current Principal Place of Business:**

1312 CARSON DRIVE  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

1312 CARSON DRIVE  
TALLAHASSEE, FL 32305

**New Mailing Address:**

FEI Number: 59-2367772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOGG, MARGARET L  
1312 CARSON DRIVE  
TALLAHASSEE, FL 32305 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: PD ( ) Delete  
Name: FOGG, MARGARET L,  
Address: 1312 CARSON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: V ( ) Delete  
Name: EVERINGTON, JAMES,  
Address: 5405 TRINIDAD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: STD ( ) Delete  
Name: BROWN, JESSIE L.,  
Address: 1717 OLD BRIAR TRAIL  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VD ( ) Delete  
Name: HODGES, ROBERT,  
Address: 5705 LEFRANCE CR  
City-St-Zip: TALLAHASSEE, FL 32305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: JESSIE L. BROWN

STD

04/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date