

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90266 039 \*\*\*\*61.25

**DOCUMENT # 741446**

1. Entity Name  
**MUNSON AREA PRESERVATION, INC.**



Principal Place of Business

**1312 CARSON DRIVE  
TALLAHASSEE FL 32305**

Mailing Address

**1312 CARSON DRIVE  
TALLAHASSEE FL 32305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2367772**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOGG, MARGARET L  
1312 CARSON DRIVE  
TALLAHASSEE FL 32305**

Name

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOGG, MARGARET L	
STREET ADDRESS	1312 CARSON DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVERINGTON, JAMES	
STREET ADDRESS	5405 TRINIDAD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, JESSIE L.	
STREET ADDRESS	1717 OLD BRIAR TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HODGES, ROBERT	
STREET ADDRESS	5705 LEFRANCE CR	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Jessie L. Brown* **850 877-5380**

CR2E037 (10/02)