FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:18

DOCUMENT # **767734** **(7)**

1. Corporation Name

THE COASTAL HERITAGE PRESERVATION FOUNDATION, IN C.

Principal Place of Business	Mailing Address
RT 1., BOX 3780 ALLEN LOOP DR. SANTA ROSA BEACH FL 32459	P. O. BOX 2111 SANTA ROSA BEACH FL 32459 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1983
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2395237 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ALLEN, JEANNE L.
RT 1 BOX 3780
ALLEN LOOP DR.
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, JEANNE L T	12 NAME	
STREET ADDRESS	RT 1 BOX 3780	13 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	S ☐ Change ☒ Addition
NAME	WHEELER, PAT	22 NAME	Kay Coffeen
STREET ADDRESS	RT 2 BOX 163-T	23 STREET ADDRESS	6 Mockingbird Lane
CITY-ST-ZIP	FREEPORT FL	24 CITY-ST-ZIP	Santa Rosa Bch, FL 32459
TITLE	VP	31 TITLE	VP ☐ Change ☐ Addition
NAME	LUDLAM, MARION	32 NAME	Robt. G. Fleet, Col USM Ret
STREET ADDRESS	RT 1 BOX 2642	33 STREET ADDRESS	71 First Court
CITY-ST-ZIP	SANTA ROSA BCH FL	34 CITY-ST-ZIP	Santa Rosa Bch, FL 32459
TITLE	D	41 TITLE	T ☐ Change ☐ Addition
NAME	JONES, ARTHUR M T	42 NAME	Arthur M. Jones
STREET ADDRESS	RT 2 BOX 6960	43 STREET ADDRESS	Rt. 2, Box 6960
CITY-ST-ZIP	SANTA ROSA BEACH FL	44 CITY-ST-ZIP	Santa Rosa Bch, FL 32459
TITLE	T	51 TITLE	Roselle, Olga ☐ Change ☐ Addition
NAME	ROSSELLE, OLGA W	52 NAME	Delete
STREET ADDRESS	P O BOX 4669	53 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☐ Change ☒ Addition
NAME	FLEET, ROBERT G T	62 NAME	Mrs. Gilbert Ellis
STREET ADDRESS	RT 1 BOX 3800	63 STREET ADDRESS	143 Shallows Dr.
CITY-ST-ZIP	SANTA ROSA BCH FL	64 CITY-ST-ZIP	Santa Rosa Bch, FL 32459

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanne L. Allen 2/3/95 904-267-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEANNE L. ALLEN

COR1R1M