

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90017 049 ****61.25

DOCUMENT # N00000000679

1. Entity Name

CITIZENS PRESERVATION COUNCIL, INC.



Principal Place of Business

2649 HOLMES CREEK ROAD
VERNON FL 32462

Mailing Address

P.O. BOX 530
VERNON FL 32462

2. Principal Place of Business

2738 Traverse Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vernon, FL

City & State

Zip

32462

Country

Washington

Zip

Country

4. FEI Number

59-3622549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

JENNIFER, MUSHALT
2738 TRAVERSE DR
VERNON FL 32462

7. Name and Address of New Registered Agent

Name

Jennifer Musholt

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

Jennifer Musholt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PT	<input type="checkbox"/> Delete
NAME	SHIRLING, WILLIAM	
STREET ADDRESS	625 FARRAH CIR	
CITY-ST-ZIP	DOTHAN AL 36301	
TITLE	T	<input type="checkbox"/> Delete
NAME	MINER, JOE	
STREET ADDRESS	1532 NEARINGHILL CIRCLE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	<input type="checkbox"/> Delete
NAME	MUSHOLT, JENNIFER	
STREET ADDRESS	2738 TRAVERSE DRIVE	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	T	<input type="checkbox"/> Delete
NAME	MUSHOLT, PAUL	
STREET ADDRESS	1023 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	MUSHOLT, DAVID	
STREET ADDRESS	2738 TRAVERSE DRIVE	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARSHALL, WALTER F	
STREET ADDRESS	2650 HOLMES CREEK ROAD	
CITY-ST-ZIP	VERNON FL 32462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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NAME	
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: Jennifer Musholt Jennifer Musholt 2-2-04 850-535-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0748