


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000679
 1. Entity Name
 CITIZENS PRESERVATION COUNCIL, INC.



Principal Place of Business Mailing Address
 2738 TRAVERSE DR P.O. BOX 530
 VERNON, FL 32462 VERNON, FL 32462



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3622549 Not Applicable

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

6. Name and Address of Current Registered Agent
 MUSHOLT, JENNIFER
 2738 TRAVERSE DR
 VERNON, FL 32462

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHIRLING, WILLIAM 625 FARRAH CIR DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINER, JOE 1532 NEARINGHILL CIRCLE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSHOLT, JENNIFER 2738 TRAVERSE DRIVE VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSHOLT, PAUL 1023 HARRISON AVENUE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSHOLT, DAVID 2738 TRAVERSE DRIVE VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, WALTER F 2650 HOLMES CREEK ROAD VERNON, FL 32462

U00000189626
 01/24/05-80101-025 61.25

DO NOT WRITE IN THIS SPACE

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 817, 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 1-14-05 856-785-3258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #