2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000679

1. Entity Name
CITIZENS PRESERVATION COUNCIL, INC.

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

01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3622549
☐ Applied For
☐ 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

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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02/21/06-80013-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Musholt 2-8-06 850-535-0748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #