

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90092 014 ****61.25

DOCUMENT # N00000007018

1. Entity Name
BOSTWICK PRESERVATION, INC.



Principal Place of Business

**PO BOX 489, 280 PALMETTO BLUFF ROAD
BOSTWICK, FL 32007**

Mailing Address

**PO BOX 489, 280 PALMETTO BLUFF ROAD
BOSTWICK, FL 32007**

50049887



01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-3683664 59-368408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REINEY, C.W.
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE, FL 32207**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D
NAME	WILKINSON, CLAUDIA
STREET ADDRESS	PO BOX 519, 155 CAZZIE DRIVE
CITY-ST-ZIP	BOSTWICK, FL 32007

TITLE	D
NAME	SIKES, JANET E
STREET ADDRESS	204 CEDAR CREEK ROAD
CITY-ST-ZIP	PALATKA, FL 32177

TITLE	D
NAME	WILKINSON, CHARLIE
STREET ADDRESS	PO BOX 519, 155 CAZZIE DR.
CITY-ST-ZIP	BOSTWICK, FL 32007

TITLE	D
NAME	HARTWIG, ANNE M
STREET ADDRESS	PO BOX 68
CITY-ST-ZIP	BOSTWICK, FL 32007

TITLE	D
NAME	HARTWIG, ROBERT L
STREET ADDRESS	PO BOX 68
CITY-ST-ZIP	BOSTWICK, FL 32007

TITLE	D
NAME	REINEY, BETSY H
STREET ADDRESS	280 PALMETTO BLUFF ROAD
CITY-ST-ZIP	PALATKA, FL 32177

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #