2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008742

1. Entity Name
FRIENDS OF HISTORIC PROPERTIES & MUSEUMS, INC.

Principal Place of Business	Mailing Address
500 S. BRONOUGH ST TALLAHASSEE, FL 32399	500 S. BRONOUGH ST TALLAHASSEE, FL 32399

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3760777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLEOD, STEPHEN A DIVISION OF HISTORICAL RESOURCES 500 S. BRONOUGH ST. TALLAHASSEE, FL 32399	Name 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 Stephen A. McLeod January 8, 2004
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, ALTHEMESE 419 E JEFFERSON ST TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Cypress, Billy L. HC-61, Box 21-A Clewiston, Florida 33440
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNT, E.L. ROY 2721 SW 4TH PL GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Brunson, Jeana Ph.D. 500 South Bronough Street Tallahassee, Florida 32399-0250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIAN, J. ANDREW 10 W. FLAGLER ST MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 01/14/04--01065--001 **61.25 300026968693 01/14/04--01065--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEOD, STEPHEN 500 S. BRONOUGH ST TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARPER, ROBERT W III P.O. BOX 334 ST AUGUSTINE, FL 320850334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1/13/13
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWIFT, EDWIN O III 201 FRONT ST, SUITE 224 KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Stephen A. McLeod January 8, 2004 850-245-6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #