2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/18/2005-90041-009-$61.25-$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name
THE FLORIDA LEGISLATIVE HISTORIC PRESERVATION CORPORATION

Principal Place of Business	Mailing Address
1435 EAST PIEDMONT DR., STE. 110 TALLAHASSEE, FL 32308	1435 EAST PIEDMONT DR., STE. 110 TALLAHASSEE, FL 32308

2. Principal Place of Business	3. Mailing Address
444 APPLEYARD DR	444 APPLEYARD DR.
Suite, Apt. #, etc. 264, LR&M	Suite, Apt. #, etc. 264, LR&M
City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32304 County USA	Zip 32304 County USA

01132005 Chg-NP CR2E037 (10/03)

4. FEI Number 03-0533481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHMOND, RONALD R
1435 EAST PIEDMONT DR., STE. 110
TALLAHASSEE, FL 32308

Ronald R. Richmond

7. Name and Address of New Registered Agent

Name ANNE MACKENZIE
Street Address (P.O. Box Number is Not Acceptable) 444 APPLEYARD DRIVE
264, LR&M
City TALLAHASSEE FL Zip Code 32304

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 Anne Mackenzie, Director 1/13/05
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

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 RICHMOND, RONALD R 1435 EAST PIEDMONT DR., STE. 110 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMNER, EARNEST ROOM 422, THE CAPITOL TALLAHASSEE, FL 323991300	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORTHAM, SANDRA P.O. BOX 10284 TALLAHASSEE, FL 323022284	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANNE MACKENZIE 264, LR&M 444 APPLEYARD DR TALLAHASSEE, FL 32304 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VASELINDA, MIKE 215 SOUTH MONROE ST. TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VASILINDA MIKE 311 N. ADAMS ST TALLAHASSEE, FL 32301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKES, PAUL ROOM 420, THE CAPITAL TALLAHASSEE, FL 323991300	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN PHELPS ROOM 423 THE CAPITOL 402 S. MONROE ST, TALLAHASSEE, FL 32399-1300 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOHANNAN, BO ROOM 420, THE CAPITAL TALLAHASSEE, FL 323991300	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAYE BLANTON SUITE 405 THE CAPITOL 400 S MONROE ST TALLAHASSEE, FL 32399-1100 ☐ 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: Anne Mackenzie 1/13/05 850 201-9661
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

2/14/05