2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

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Entity Name: THE FLORIDA LEGISLATIVE HISTORIC PRESERVATION CORPORATION

Current Principal Place of Business:

444 APPLEYARD DR., #264 LRC&M
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

444 APPLEYARD DR., #264 LRC&M
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 03-0533481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKENZIE, ANNE
444 APPLEYARD DR., #264 LRC&M
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RICHMOND, RONALD R
Address: 1435 EAST PIEDMONT DR., STE. 110
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: PHELPS, JOHN
Address: ROOM 423, THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323991300

Title: D ( ) Delete
Name: BLANTON, FAYE
Address: SUITE 405, 402 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 323991100

Title: D ( ) Delete
Name: PATCHETT, DALE
Address: 3069 CARLOW CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: MACKENZIE, ANNE
Address: 444 APPLEYARD DR., #264 LRC&M
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MACKENZIE DIR 04/27/2006
Electronic Signature of Signing Officer or Director — Date