

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008735

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** THE FLORIDA LEGISLATIVE HISTORIC PRESERVATION CORPORATION

**Current Principal Place of Business:**

400 SOUTH MONROE STREET  
ROOM B-12  
TALLAHASSEE, FL 323991100

**New Principal Place of Business:**

**Current Mailing Address:**

400 SOUTH MONROE STREET  
ROOM B-12  
TALLAHASSEE, FL 323991100

**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  
400 SOUTH MONROE STREET  
ROOM B-12  
TALLAHASSEE, FL 323991100 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: 1804 MICCOSUKEE COMMONS DRIVE, SUITE 202  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: PHELPS, JOHN  
Address: 400 SOUTH MONROE STREET, ROOM B06  
City-St-Zip: TALLAHASSEE, FL 323991100

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: 400 SOUTH MONROE STREET, ROOM B-12  
City-St-Zip: TALLAHASSEE, FL 323991100

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: WARD, BOB  
Address: 513 THE CAPITOL, 402 SOUTH MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 323991300

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 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

MS.

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date