2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# N04000008359

Entity Name: PACE/FLORIDATOWN HISTORIC PRESERVATION, INCORPORATED

Current Principal Place of Business:

4101 BAYFRONT TERRES
PACE, FL 32571

New Principal Place of Business:

4101 BAYFRONT TERRACE
PACE, FL 32571

Current Mailing Address:

4101 BAYFRONT TERRES
PACE, FL 32571

New Mailing Address:

4101 BAYFRONT TERRACE
PACE, FL 32571

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEWART, DANIEL
4519 HIGHWAY 90
PACE, FL 32571 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: PD ( ) Delete
Name: NICHOLS, TOM
Address: 7200 CHUMUCKLA HWY.
City-St-Zip: PACE, FL 32571

Title: VD ( ) Delete
Name: LYLES, MARTHA
Address: 4104 BAYFRONT TERRES
City-St-Zip: PACE, FL 32571

Title: SD ( ) Delete
Name: FAIRFIELD, JEAN E
Address: PO BOX 4462
City-St-Zip: MILTON, FL 32571

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: LYLE, MARTHA
Address: 4104 BAYFRONT TERRACE
City-St-Zip: PACE, FL 32571

Title: SEC (X) Change ( ) Addition
Name: FOSTER, FARYL
Address: 3541 STRATFORD LANE
City-St-Zip: PACE, FL 32571

Title: TREA ( ) Change (X) Addition
Name: WORRING, VENICE
Address: 3238 COBBLESTONE DRIVE
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTHA LYLE VP 05/31/2005
Electronic Signature of Signing Officer or Director — Date