2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# N05000003087

Entity Name: MCINTOSH HISTORIC PRESERVATION TRUST, INC.

Current Principal Place of Business:

CIVIC CENTER - AVE F
MCINTOSH, FL 32664

New Principal Place of Business:

Current Mailing Address:

CIVIC CENTER - AVE F
MCINTOSH, FL 32664

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, DANAYA C
PROFESSOR OF LAW
5850 AVE H
MCINTOSH, FL 32664 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: GLASS, JUNE
Address: P O BOX 265
City-St-Zip: MCINTOSH, FL 32664

Title: PD ( ) Delete
Name: FEASTER, CHRISTINE
Address: P O BOX 321
City-St-Zip: MCINTOSH, FL 32664

Title: SD ( ) Delete
Name: ALLEN, JILL
Address: P O BOX 463
City-St-Zip: MCINTOSH, FL 32664

Title: TD ( ) Delete
Name: ELLWOOD, LINDA
Address: P O BOX 664
City-St-Zip: MCINTOSH, FL 32664

Title: D ( ) Delete
Name: PHILLIPS, SUSAN
Address: P O BOX 134
City-St-Zip: MCINTOSH, FL 32664

Title: D ( ) Delete
Name: FELLMANS, BARBARA
Address: P O BOX 677
City-St-Zip: MCINTOSH, FL 32664

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:

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: JILL ALLEN SD 03/02/2006
Electronic Signature of Signing Officer or Director — Date