

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011880

FILED  
Feb 15, 2006  
Secretary of State

**Entity Name:** HYDE PARK PRESERVATION FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

223 TRIPLETT ROAD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

223 TRIPLETT ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 43-2091982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAWKINS, BOSSIE  
1410 LOLA DRIVE  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: MYRICK, VANCILLA  
Address: 430 DUPONT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: V ( ) Delete  
Name: TRIPLETT, ROOSEVELT F  
Address: 2513 SAXON STREET  
City-St-Zip: TALLAHASSEE, FL 32305

Title: S ( ) Delete  
Name: HAWKINS, MALENIE  
Address: 2415 OLS ST. AUGUSTINE ROAD APT 1511  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: HAWKINS, BOSSIE  
Address: 1410 LOLA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

Title: S (X) Change ( ) Addition  
Name: BRUCE, MALENIE  
Address: 2415 OLD ST. AUGUSTINE ROAD APT 1511  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Change ( ) Addition  
Name: HAWKINS, BOSSIE H  
Address: 1410 LOLA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

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: BOSSIE H. HAWKINS

T

02/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date