

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # N05000011880

1. Entity Name
HYDE PARK PRESERVATION FOUNDATION,
INCORPORATED



Principal Place of Business
223 TRIPLETT ROAD
CRAWFORDVILLE, FL 32327

Mailing Address
223 TRIPLETT ROAD
CRAWFORDVILLE, FL 32327



02242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2091982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, BOSSIE
1410 LOLA DRIVE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MYRICK, VANCILLA
STREET ADDRESS	430 DUPONT DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32305

TITLE	V
NAME	TRIPLETT, ROOSEVELT F
STREET ADDRESS	2513 SAXON STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32305

TITLE	S
NAME	BRUCE, MALENIE
STREET ADDRESS	129 GREENUN VILLA RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

TITLE	T
NAME	HAWKINS, BOSSIE H
STREET ADDRESS	1410 LOLA DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

VOID
03/06/08 150.00

**DO NOT WRITE
IN THIS SPACE**

U000000840272
03/06/08-80042-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bessie H. Hawkins **BOSSIE H HAWKINS** 02/24/08 **(RSD) 656-2578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #