# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2009**
**Secretary of State**

DOCUMENT# N05000011880

**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: BRUCE, MALENIE
Address: 129 GREENUN VILLA RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

Title: P (X) Change ( ) Addition
Name: MYRICK, VANCILLA
Address: 1726 SAXON ST
City-St-Zip: TALLAHASSEE, FL 32305

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

Title: S (X) Change ( ) Addition
Name: BRUCE, MALENIE
Address: 129 GREENLIN VILLA RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: BOSSIE H. HAWKINS TREA 02/05/2009
Electronic Signature of Signing Officer or Director Date