2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N08000006318

Entity Name: STOCKTON-LINDQUIST HOUSE FOUNDATION FOR HISTORIC PRESERVATION, INC

Current Principal Place of Business:

244 EAST BERESFORD AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

244 EAST BERESFORD AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 26-2950349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, TERRY ANN
244 EAST BERESFORD AVENUE
DELAND, FL 32724 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:	THOMAS, TERRY ANN	
Address:	244 EAST BERESFORD AVENUE	
City-St-Zip:	DELAND, FL 32724	
Title:	VPD	( ) Delete
Name:	KELLY, MARTYN	
Address:	SEWRAH MILL FARMHOUSE, STITHIANS TRURO	
City-St-Zip:	CORNWALL TR37DL UK, XX XX	
Title:	ED	( ) Delete
Name:	MADRIGAL, LUIS M	
Address:	2001 ORANGE HAMMOCK ROAD	
City-St-Zip:	DELEON SPRINGS, FL 32130	
Title:	TD	( ) Delete
Name:	ARMSTRONG, CONNIE L	
Address:	425 DOUGLAS STREET	
City-St-Zip:	STERLING, CO 80751	

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:	

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: LUIS MADRIGAL ED 01/10/2009

Electronic Signature of Signing Officer or Director — Date