

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005325

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** FRIENDS OF THE HISTORIC APALACHICOLA HOME & GARDEN TOUR, INC.

**Current Principal Place of Business:**

ROBERSON & ASSOCIATES, PA  
219 AVENUE E  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

ROBERSON & ASSOCIATES, PA  
219 AVENUE E  
APALACHICOLA, FL 32320

**New Mailing Address:**

**FEI Number:** 27-2774002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STALLINGS, ROBERT S ESQ.  
10373 C30A  
PORT ST. JOE, FL 32456 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  
**Name:** AUSTIN, GLORIA K  
**Address:** 1580 INDIAN PASS RD.  
**City-St-Zip:** PORT ST. JOE, FL 32456

**Title:** S  
**Name:** CLEMENTSON, SUSAN  
**Address:** 145 BAY AVENUE  
**City-St-Zip:** APALACHICOLA,, FL 32320

**Title:** T  
**Name:** EDWARDS, RENNIE  
**Address:** 2051 TURPENTINE TRAIL  
**City-St-Zip:** ST GEORGA ISLAND, FL 32328

**Title:** VP  
**Name:** MORGAN, NITA  
**Address:** 36 MYRTLE AVENUE  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** C  
**Name:** HARRIS, MARTHA C  
**Address:** 79 6HT STREET  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** D  
**Name:** ULRICH, GARY  
**Address:** 119 GUM STREET  
**City-St-Zip:** APALACHICOLA, FL 32328

I hereby 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 all other like empowered.

**SIGNATURE:** GLORIA K. AUSTIN

P

03/19/2012

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

\_\_\_\_\_  
Date