2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
HISTORIC APALACHICOLA FOUNDATION, INC.

Principal Place of Business	Mailing Address
96 FIFTH ST. APALACHICOLA, FL 32320	P.O. BOX 41 APALACHICOLA, FL 32320

DO NOT WRITE IN THIS SPACE

06142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3009896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, MARIE Q
66 AVENUE D
APALACHICOLA, FL 32320

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

Filing Fee is $61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARSHALL, MARIE Q
STREET ADDRESS	66 AVE. D
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	DST
NAME	COOK, FRANCES L
STREET ADDRESS	52 13TH ST.
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	D
NAME	COOK, FRANK
STREET ADDRESS	52 13TH ST.
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	D
NAME	CARLSON, SHARON
STREET ADDRESS	127 AVENUE C
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	D
NAME	HUNT, DR ROY
STREET ADDRESS	2734 SW 4TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	BINGHAM, FAITH W
STREET ADDRESS	P.O Box 906
CITY-ST-ZIP	TALLAHASSEE, FL 32302

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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: Marie Q. Marshall - Marie Q. Marshall, Pres. 8-15-06 850-653-9692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #