

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N27718

1. Entity Name  
HISTORIC APALACHICOLA FOUNDATION, INC.



**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
96 FIFTH ST.  
APALACHICOLA, FL 32320

Mailing Address  
P.O. BOX 41  
APALACHICOLA, FL 32320



08142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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 I 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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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	PO BOX 906
CITY-ST-ZIP	TALLAHASSEE, FL 32302

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IN THIS SPACE**

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 President* / *Marie Q. Marshall Pres.* 8-15-08 850-899-2614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #