2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2009
Secretary of State

DOCUMENT# N27718

Entity Name: HISTORIC APALACHICOLA FOUNDATION, INC.

Current Principal Place of Business:

96 FIFTH ST.
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 59-3009896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARSHALL, MARIE Q
66 AVENUE D
APALACHICOLA, FL 32320 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: D ( ) Delete
Name: MARSHALL, MARIE Q
Address: 66 AVE. D
City-St-Zip: APALACHICOLA, FL

Title: DST ( ) Delete
Name: COOK, FRANCES L
Address: 52 13TH ST.
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete
Name: COOK, FRANK
Address: 52 13TH ST.
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete
Name: CARLSON, SHARON
Address: 127 AVENUE C
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete
Name: HUNT, DR ROY
Address: 2734 SW 4TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete
Name: BINGHAM, FAITH W
Address: PO BOX 906
City-St-Zip: TALLAHASSEE, FL 32302

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:

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: MARIE Q. MARSHALL PRES 06/01/2009
Electronic Signature of Signing Officer or Director — Date