

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28572** (8)
1. Corporation Name
TALLAHASSEE TRUST FOR HISTORIC PRESERVATION, INC



Principal Place of Business Mailing Address
C/O DON LANHAM
329 N. MERIDIAN STREET
TALLAHASSEE FL 32301-7617
US

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME	4. FEI Number 59-2921039	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

LANHAM, DON
329 N. MERIDIAN STREET
TALLAHASSEE FL 32301

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date it applies to.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	DX DV Change	1. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, RICHARD	12. NAME	Fernandez, Segundo
STREET ADDRESS	318 NORTH CALHOUN ST.	13. STREET ADDRESS	702 Lothian Drive
CITY-STATE-ZIP	TALLAHASSEE FL	14. CITY-STATE-ZIP	Tallahassee, FL 32312
TITLE	PV <input checked="" type="checkbox"/> DELETE	21. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, RICHARD	22. NAME	Lamb, Sara Hay
STREET ADDRESS	108 E. JEFFERSON STREET, SUITE C	23. STREET ADDRESS	Route 19, Box 1020
CITY-STATE-ZIP	TALLAHASSEE FL	24. CITY-STATE-ZIP	Tallahassee, FL 32308
TITLE	D <input type="checkbox"/> DELETE	31. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EATON, JAMES N.	32. NAME	Chapman, Stan
STREET ADDRESS	2553 LONNBLADH RD.	33. STREET ADDRESS	P.O. Drawer 1170
CITY-STATE-ZIP	TALLAHASSEE FL	34. CITY-STATE-ZIP	Tallahassee, FL 32302
TITLE	D ST Change <input checked="" type="checkbox"/>	41. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMP, EMILY	42. NAME	Inman-Crews, Dorothy
STREET ADDRESS	2132 GLENRIDGE DRIVE	43. STREET ADDRESS	2121 Trescott Drive
CITY-STATE-ZIP	TALLAHASSEE FL 32308	44. CITY-STATE-ZIP	Tallahassee, FL 32312
TITLE	DX D Change <input checked="" type="checkbox"/>	51. TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, SUSAN	52. NAME	Proctor, Mary Call
STREET ADDRESS	1428 MANOR HOUSE DRIVE	53. STREET ADDRESS	3710 Bobbin Mill Road
CITY-STATE-ZIP	TALLAHASSEE FL	54. CITY-STATE-ZIP	Tallahassee, FL 32312
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Call Proctor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96
Date

Daytime Phone

CR2E037 (12/95)