

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28572 (8)**  
1. Corporation Name  
**TALLAHASSEE TRUST FOR HISTORIC PRESERVATION, INC**



Principal Place of Business <b>C/O DON LANHAM 329 N. MERIDIAN STREET TALLAHASSEE FL 32301-7617 US</b>		Mailing Address <b>C/O DON LANHAM 329 N. MERIDIAN STREET TALLAHASSEE FL 32301-7617 US</b>		3. Date Incorporated or Qualified <b>09/27/1988</b>
2. Principal Place of Business <b>21 c/o Beth J. LaCivita 602 McDonnell Drive Tallahassee, FL 32310 US</b>		2a. Mailing Address <b>26 c/o Beth J. LaCivita 602 McDonnell Drive Tallahassee, FL 32310 US</b>		4. FEI Number <b>59-2921039</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent <b>LANHAM, DON 329 N. MERIDIAN STREET TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent <b>81 Name BETH J. LACIVITA 82 Street Address (P.O. Box Number is Not Acceptable) 602 MCDONNELL DRIVE 83 84 City TALLAHASSEE FL 85 Zip Code 32310</b>		
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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 Beth J. LaCivita **BETH J. LACIVITA, EXECUTIVE DIRECTOR** DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when relistening)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOORE, RICHARD		1.2 NAME	PENTON, DANIEL			
STREET ADDRESS	805 N GADSDEN STREET		1.3 STREET ADDRESS	4804 DELARRUNN DRIVE			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FERNANDEZ, SEGUNDO		2.2 NAME	KNETSCH, JOE			
STREET ADDRESS	702 LOTHIAN DRIVE		2.3 STREET ADDRESS	2133 TED HINES DRIVE			
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EATON, JAMES N.		3.2 NAME	LANHAM, DON			
STREET ADDRESS	2553 LONNBLADH RD.		3.3 STREET ADDRESS	237 EAST WASHINGTON STREET			
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	QUINCY, FL 32351			
TITLE	DST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KEMP, EMILY		4.2 NAME	CLEVELAND, MARY ANN			
STREET ADDRESS	2132 GLENRIDGE DRIVE		4.3 STREET ADDRESS	3406 DUNDALK DRIVE			
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMAS, SUSAN		5.2 NAME	CHAPMAN, STAN			
STREET ADDRESS	1428 MANOR HOUSE DRIVE		5.3 STREET ADDRESS	1484 MITCHELL AVENUE			
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LAMB, SARA HAY		6.2 NAME	INMAN-CREWS, DOROTHY			
STREET ADDRESS	ROUTE 19 BOX 1020		6.3 STREET ADDRESS	2121 TRESCOTT DRIVE			
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(b), 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: [Signature] **4/14/98 (ES) 575-1800**

CR2E037 (10/97)