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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28572

1. Corporation Name

TALLAHASSEE TRUST FOR HISTORIC PRESERVATION, INC

Principal Place of Business

C/O BETH J. LACIVITA
 602 MCDONNELL DRIVE
 TALLAHASSEE FL 32310
 US

Mailing Address

C/O BETH J. LACIVITA
 602 MCDONNELL DRIVE
 TALLAHASSEE FL 32310
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/27/1988

4. FEI Number

59-2921039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

LACIVITA, BETH J
 602 MCDONNELL DRIVE
 TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

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 *Beth J. Lacivita*
 Signature, typed or printed name of registered agent and title if applicable.

BETH J. LACIVITA

4/1/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **DC**
 STREET ADDRESS **PENTON, DANIEL**
 CITY-ST-ZIP **4804 DEERRUNN DRIVE**
TALLAHASSEE FL 32303

TITLE ☒ DELETE
 NAME **D**
 STREET ADDRESS **FERNANDEZ, SEGUNDO**
 CITY-ST-ZIP **702 LOTHIAN DRIVE**
TALLAHASSEE FL

TITLE ☐ DELETE
 NAME **D**
 STREET ADDRESS **EATON, JAMES N.**
 CITY-ST-ZIP **2553 LONNBLADH RD.**
TALLAHASSEE FL 32308

TITLE ☐ DELETE
 NAME **DVC**
 STREET ADDRESS **KNETSCH, JOE**
 CITY-ST-ZIP **2133 TED HINES DRIVE**
TALLAHASSEE FL 32308

TITLE ☐ DELETE
 NAME **DT**
 STREET ADDRESS **LANHAM, DON**
 CITY-ST-ZIP **237 EAST WASHINGTON STREET**
QUINCY FL 32351

TITLE ☐ DELETE
 NAME **DS**
 STREET ADDRESS **CLEVELAND, MARY A**
 CITY-ST-ZIP **3406 DUNDALK DRIVE**
TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DVC** ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **DC** ☐ Change ☒ Addition
 2.2 NAME **ANN ROZGLISKI**
 2.3 STREET ADDRESS **905 CHESTWOOD AVENUE**
 2.4 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

3.1 TITLE **DT** ☐ Change ☒ Addition
 3.2 NAME **BENJAMIN K. PHIPPS**
 3.3 STREET ADDRESS **P.O. BOX 1351**
 3.4 CITY-ST-ZIP **TALLAHASSEE, FL 32302**

4.1 TITLE **D** ☒ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS **166 MEADOW RIDGE DRIVE**
 4.4 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

5.1 TITLE **D** ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
 6.2 NAME **STAN CHAPMAN**
 6.3 STREET ADDRESS **1484 MITCHELL AVENUE**
 6.4 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

(850) 488-1209

Daytime Phone #

CR2E037 (11/98)

N28572
32479490044.38

TITLE: D
NAME: Jimmy Culp
ADDRESS: 4113 Wiggington Road
Tallahassee, FL 32303

TITLE: D
NAME: Jackson Maynard
ADDRESS: 710 Gadsden Street, #5
Tallahassee, FL 32303

TITLE: D
NAME: Serena Moyle
ADDRESS: 1006 Washington Street
Tallahassee, FL 32303

TITLE: D
NAME: Doris Pollock
ADDRESS: 3465 Cedar Lane
Tallahassee, FL 32312

TITLE: D
NAME: Mark Tarmey
ADDRESS: 2006 East Forest Drive
Tallahassee, FL 32303

TITLE: D
NAME: Wayne Warren
ADDRESS: 210 Bradford Road, Suite 111
Tallahassee, FL 32303

TITLE: D
NAME: Stephanie Whitfield
ADDRESS: 317 North Monroe
Quincy, FL 32351