

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90018 047 ****61.25

DOCUMENT # N28572

1. Entity Name

TALLAHASSEE TRUST FOR HISTORIC PRESERVATION, INC.



Principal Place of Business
423 E VIRGINIA ST
TALLAHASSEE FL 32301
US

Mailing Address
423 E VIRGINIA ST
TALLAHASSEE FL 32301
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-2921039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WING, MICHAEL P
423 E VIRGINIA ST
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent on file, if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C
NAME LEWIS, RANDY ☐ Delete
STREET ADDRESS 211 JOHN KNOX ROAD, STE 105
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC
NAME PETERSON, TERRY ☒ Delete
STREET ADDRESS 1958-B COMMONWEALTH LANE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VC ☒ Change ☐ Addition
NAME Laura Lee Corbett
STREET ADDRESS 2038 E Forest Drive
CITY-ST-ZIP Tallahassee, FL 32303

TITLE DT
NAME PHIPPS, BENJAMIN K ☐ Delete
STREET ADDRESS PO BOX 1351
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME PALMER, MARCY ☐ Delete
STREET ADDRESS 4773 CHAIRES CROSS RD.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LANHAM, DON ☐ Delete
STREET ADDRESS 1963 LAWSON RD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Laura Lee Corbett

2/21/08 850.264.4611