

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28572

FILED
Jan 16, 2009
Secretary of State

Entity Name: TALLAHASSEE TRUST FOR HISTORIC PRESERVATION, INC.

Current Principal Place of Business:

423 E VIRGINIA ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

423 E VIRGINIA ST
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2921039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WING, MICHAEL P
423 E VIRGINIA ST
TALLAHASSEE, FL 32301 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: C () Delete
Name: LEWIS, RANDY
Address: 211 JOHN KNOX ROAD, STE 105
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT () Delete
Name: PHIPPS, BENJAMIN K
Address: PO BOX 1351
City-St-Zip: TALLAHASSEE, FL 32302

Title: DS () Delete
Name: PALMER, MARCY
Address: 4773 CHAIRES CROSS RD.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: LANHAM, DON
Address: 1963 LAWSON RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VC (X) Delete
Name: CORBETT, LAURALEE
Address: 2028 E FOREST DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CORBETT, LAURA LEE
Address: 1422 DEVILS DIP
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Change () Addition
Name: PHIPPS, BENJAMIN K
Address: PO BOX 1351
City-St-Zip: TALLAHASSEE, FL 32302

Title: S (X) Change () Addition
Name: MCLEOD, ANDREW
Address: 502 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: VC (X) Change () Addition
Name: ROBLES, EDUARDO
Address: 1403 BETTON ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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: MICHAEL WING

ED

01/16/2009

Electronic Signature of Signing Officer or Director

Date