

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 09 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N44941 (5)
1. Corporation Name
FLORIDA CONFEDERATION FOR THE PRESERVATION OF HISTORIC SITES, INC.

| | |
|---|---|
| Principal Place of Business C/O HEWITT J. DUPONT 912 S RIDGEWOOD AVE., STE D DAYTONA BEACH FL 32114 | Mailing Address C/O HEWITT J. DUPONT 912 S RIDGEWOOD AVE., STE D DAYTONA BEACH FL 32114 |
|---|---|



| | |
|--|----------------------------|
| 21 2. Principal Place of Business | 2a. Mailing Address |
| 22 Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 23 City & State | City & State |
| 24 Zip | Country |
| 25 Country | 28 Zip |
| 26 Country | 29 Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/30/1991 | |
| 4. FEI Number 59-3092341 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**DUPONT, HEWITT J.
912 S RIDGEWOOD AVE
SUITE D
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE DV | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BLAIR, THOMAS W. JR. | | 1.2 NAME | |
| STREET ADDRESS 2545 GARDENIA RD. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP DELAND FL | | 1.4 CITY-ST-ZIP | |
| TITLE DT | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME DUPONT, HEWITT J | | 2.2 NAME | DT Nora Ann Smith |
| STREET ADDRESS 912 S RIDGEWOOD AVE #D | | 2.3 STREET ADDRESS | 1635 Crestwood Dr, |
| CITY-ST-ZIP DAYTONA BEACH FL | | 2.4 CITY-ST-ZIP | Orlando FL 32804 |
| TITLE DP | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHARLES L. SMITH | | 3.2 NAME | |
| STREET ADDRESS 316 HIDDEN PINES CIRCLE | | 3.3 STREET ADDRESS | 1635 CRESTWOOD DR |
| CITY-ST-ZIP CASSELBERRY FL | | 3.4 CITY-ST-ZIP | ORLANDO FL 32804 |
| TITLE DV | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MICHAEL K. TOOLE | | 4.2 NAME | |
| STREET ADDRESS 138 INTERNATIONAL SPEEDWAY BLVD. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP DAYTONA BEACH FL | | 4.4 CITY-ST-ZIP | |
| TITLE DV | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RICHARD F. JONES | | 5.2 NAME | |
| STREET ADDRESS 202 FIR STREET | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP ORMOND BEACH FL | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Nora Ann Smith* **Nora Ann Smith** 2-2-98/407-298-9329

CR2E037 (1097)