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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N44941

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/30/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3092341

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DV BLAIR, THOMAS W. JR. 2545 GARDENIA RD. DELAND FL

1.1 TITLE DV 1.2 NAME BLAIR, THOMAS W. JR. 1.3 STREET ADDRESS 2545 GARDENIA RD 1.4 CITY-ST-ZIP DELAND, FL 32724-1618

DT SMITH, NORA ANN 1635 CRESTWOOD DR ORLANDO FL 32804

2.1 TITLE DT 2.2 NAME SMITH, NORA ANN 2.3 STREET ADDRESS 1635 CRESTWOOD DR 2.4 CITY-ST-ZIP ORLANDO, FL 32804

DP CHARLES L. SMITH 316 HIDDEN PINES CIRCLE CASSELBERRY FL

3.1 TITLE DP 3.2 NAME SMITH, CHARLES L. 3.3 STREET ADDRESS 101 S. BUMBAY AVE #J-12 3.4 CITY-ST-ZIP ORLANDO, FL 32803

DV MICHAEL K. TOOLE 138 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL

4.1 TITLE DV 4.2 NAME TOOLE, MICHAEL K. 4.3 STREET ADDRESS 125 MARLIN DR 4.4 CITY-ST-ZIP ORMOND BCH, FL 32176

DV RICHARD F. JONES 292 FIR STREET ORMOND BEACH FL

5.1 TITLE DV 5.2 NAME JONES, RICHARD F. 5.3 STREET ADDRESS 292 FIR ST 5.4 CITY-ST-ZIP ORMOND BCH, FL 32174

DELETED OFFICER

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: THOMAS W. BLAIR JR 1/28/99 (904)736-7884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)