

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90406 042 ****61.25

DOCUMENT # N44941

1. Entity 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**

50008383



02232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
C/O Hewitt J Dupont

3. Mailing Address
C/O Hewitt J Dupont

Suite, Apt. #, etc.
1515 HERBERT ST SUITE 213

Suite, Apt. #, etc.
1515 HERBERT ST SUITE 213

City & State
PORT ORANGE FL

City & State
PORT ORANGE FL

Zip
32129-6105

Country

Zip
32129-6105

Country

4. FEI Number
59-3092341

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)
1515 HERBERT STREET SUITE 213

City
PORT ORANGE

FL Zip Code
32129

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BLAIR, THOMAS W JR.
2545 GARDENIA RD.
DELAND, FL 32724161B** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
JONES, DINAH S
292 FIR ST
ORMOND BEACH, FL 32174** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CHARLES L. SMITH
101 S. BUMBY AVE. #J-12
ORLANDO, FL 32803** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MICHAEL K. TOOLE
125 MARLIN DR
ORMOND BCH, FL 32176** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
RICHARD F. JONES
292 FIR STREET
ORMOND BEACH, FL 32174** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dinah S. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 386/255-6475
Date Filing Phone