


**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**



2. Principal Place of Business  
**C/O Hewitt J Dupont**  
 Suite, Apt. #, etc.  
**1515 HERBERT ST SUITE 213**

3. Mailing Address  
**C/O Hewitt J Dupont**  
 Suite, Apt. #, etc.  
**1515 HERBERT ST SUITE 213**

02232006 Chg-NP CR2E037 (11/05)

City & State  
**PORT ORANGE FL**

City & State  
**PORT ORANGE FL**

Zip Country  
**32129-6105**

Zip Country  
**32129-6105**

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, DINAH S 292 FIR ST ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHARLES L. SMITH 101 S. BUMBY AVE. #J-12 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MICHAEL K. TOOLE 125 MARLIN DR ORMOND BCH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICHARD F. JONES 292 FIR STREET ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 3/27/06 386/255-6475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Phone