

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90106 016 ****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
1515 HERBERT ST, STE 213
PORT ORANGE, FL 32129-6105**

Mailing Address
**C/O HEWITT J. DUPONT
1515 HERBERT ST, STE 213
PORT ORANGE, FL 32129-6105**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02042008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3092341

Applied For
Not Applicable

Zip Country

Zip Country

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.
1515 HERBERT ST
STE 213
PORT ORANGE, FL 32129**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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* **Dinah S. Jones** 2/5/08 386/627-7253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #