

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44941

FILED
Mar 10, 2009
Secretary of State

Entity Name: FLORIDA CONFEDERATION FOR THE PRESERVATION OF HISTORIC SITES, INC.

Current Principal Place of Business:

C/O HEWITT J. DUPONT
1515 HERBERT ST, STE 213
PORT ORANGE, FL 321296105

New Principal Place of Business:

Current Mailing Address:

C/O HEWITT J. DUPONT
1515 HERBERT ST, STE 213
PORT ORANGE, FL 321296105

New Mailing Address:

FEI Number: 59-3092341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPONT, HEWITT J.
1515 HERBERT ST
STE 213
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BLAIR, THOMAS W JR.
Address: 2545 GARDENIA RD.
City-St-Zip: DELAND, FL 32724161B

Title: DT () Delete
Name: JONES, DINAH S
Address: 292 FIR ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV () Delete
Name: MICHAEL K. TOOLE,
Address: 125 MARLIN DR
City-St-Zip: ORMOND BCH, FL 32176

Title: DV () Delete
Name: RICHARD F. JONES,
Address: 292 FIR STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: SMITH, CHARLES
Address: PO BOX 9844
City-St-Zip: DAYTONA BEACH, FL 32120

Title: DV (X) Change () Addition
Name: JONES, RICHARD E
Address: 292 FIR STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP () Change (X) Addition
Name: MANN, ROBERT W
Address: PO BOX 9877
City-St-Zip: DAYTONA BEACH, FL 32120

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E JONES

DV

03/10/2009

Electronic Signature of Signing Officer or Director

Date