2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000737

FILED Jan 09, 2007 Secretary of State

Entity Name: LEE TRUST FOR HISTORIC PRESERVATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1326 MELALEUCA LANE FT. MYERS, FL 33901

Current Mailing Address: New Mailing Address:

1326 MELALEUCA LANE FT. MYERS, FL 33901

FEI Number: 65-0391695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRACE, WILLIAM H 1326 MÉLALEUCA LANE FT. MYERS, FL 33901

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GRACE, WILLIAM H GRACE, WILLIAM H Name: Name: 1326 MELALEUCA LANE Address: 1326 MELALEUCA LANE Address:

City-St-Zip: FT. MYERS, FL City-St-Zip: FT. MYERS, FL

Title: SD () Delete Title: () Change () Addition

Name: SABISTON, GINA Name: Address: 2271 FIRST STREET #18 Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip:

Title: () Delete Title: VPD (X) Change () Addition

DOTSCHER, MARSA SMITH, EARL Name: Name: Address: 1803 ARDMORE RD Address: 1651 FOWLER ST City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS,, FL 33901

Title: VD () Delete Title: TD (X) Change () Addition

GRACE, SUSAN Name: SANFORD, ROBERT Name: Address: 1473 BARCELONA AVE Address: 1326 MELALEUCA LANE City-St-Zip: FT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM H. GRACE PD 01/09/2007