

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002786 (1)

1. Corporation Name

THE BINK GLISSON HISTORICAL PRESERVATION TRUST,
INC.



Principal Place of Business

Mailing Address

12788 W FOREST HILL BLVD. 2003
W PALM BEACH FL 33414

12788 W FOREST HILL BLVD. 2003
W PALM BEACH FL 33414

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WITKOWSKI, RONALD X~~
~~12788 W FOREST HILL BLVD. 2003~~
~~W PALM BEACH FL 33414~~

81 Name

Donald P. Dufresne, Esq.

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

12788 Forest Hill Blvd. Suite 2003

83

84 City

Wellington,

FL

85 Zip Code
33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed in Block 12 or Block 13 if changed, or on an attachment if applicable

(NOTE: Registered Agent signature required when reappointing)

2/22/96

12. OFFICERS AND DIRECTORS

TITLE	D-President	<input type="checkbox"/> DELETE
NAME	GLISSON, BINK	
STREET ADDRESS	%12788 W FOREST HILL BLVD, 2003	
CITY-ST-ZIP	W PALM BEACH FL 33414	
TITLE	D - Vice-President	<input type="checkbox"/> DELETE
NAME	GLISSON, JOAN	
STREET ADDRESS	%12788 W FOREST HILL BLVD, 2003	
CITY-ST-ZIP	W PALM BEACH FL 33414	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLISSON, DARELL X	
STREET ADDRESS	%12788 W FOREST HILL BLVD, 2003	
CITY-ST-ZIP	W PALM BEACH FL 33414	
TITLE	Dx	<input checked="" type="checkbox"/> DELETE
NAME	MULINS, JOSEPH XXX	
STREET ADDRESS	%12788 W FOREST HILL BLVD, 2003	
CITY-ST-ZIP	W PALM BEACH FL 33414 xx	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Ben Boynton	
13 STREET ADDRESS	%12788 W, Forest Hill Blvd.	
14 CITY-ST-ZIP	W. Palm Beach, Fl. 33414	
21 TITLE	D-Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Joan Glisson	
23 STREET ADDRESS	%12788 Forest Hill Blvd.	
24 CITY-ST-ZIP	W. Palm Beach, Fl. 33414	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Joan S. Glisson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

407/798-2128

Daytime Phone #

CR2E037 (12/95)