

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 13, 2006
Secretary of State

DOCUMENT# N94000004945

Entity Name: MATECUMBE HISTORICAL TRUST CORPORATION**Current Principal Place of Business:**75141 OVERSEAS HWY
ISLAMORADA, FL 33036**New Principal Place of Business:****Current Mailing Address:**75141 OVERSEAS HWY
ISLAMORADA, FL 33036**New Mailing Address:****FEI Number:** 65-0530575**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EYSTER, IRVING R
75141 OVERSEAS HWY
ISLAMORADA, FL 33036 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: P () Delete
Name: EYSTER, IRVING R
Address: 75141 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: TAYLOR, DENNIS
Address: PO BOX 12
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: TAYLOR, GLEN
Address: 75055 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: ALBURY, SHIRLEY F
Address: P.O. BOX 232 N/A
City-St-Zip: TAVERNIER, FL 33070

Title: VT () Delete
Name: TAYLOR, DENNIS
Address: P.O. BOX 12
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: COHN, DAVID
Address: 89051 STATE RD 4A
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRYAN, COREY
Address: 88770 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036

Title: ST (X) Change () Addition
Name: FERNANDEZ, ALINA
Address: 75988 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036

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

Title: D (X) Change () Addition
Name: TAYLOR, GLEN
Address: 75055 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036

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

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: ALINA FERNANDEZ

ST

06/13/2006

Electronic Signature of Signing Officer or Director

Date