2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004945

FILED Apr 24, 2009 Secretary of State

Entity Name: MATECUMBE HISTORICAL TRUST CORPORATION

Current Principal Place of Business: New Principal Place of Business: 75141 OVERSEAS HWY ISLAMORADA, FL 33036 **Current Mailing Address: New Mailing Address:** 75141 OVERSEAS HWY ISLAMORADA, FL 33036 FEI Number: 65-0530575 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: EYSTER, IRVING R 75141 OVERSEAS HWY ISLAMORADA, FL 33036 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EYSTER, IRVING R Name: Name: 75141 OVERSEAS HWY Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: () Delete Title: () Change () Addition BRYAN, COREY Name: Name: Address: 88770 OVERSEAS HIGHWAY Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALBURY, SHIRLEY F EDGAR, BARBARA J Name: Name: P.O. BOX 232 N/A 306 NORTH DR Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: (X) Change () Addition Name: TAYLOR, GLEN Name: TAYLOR, GLEN 75055 OVERSEAS HIGHWAY 75055 OVERSEAS HIGHWAY Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: (X) Change () Addition COHN, DAVID ALBURY, SHIRLEY F Name: Name: PO BOX 1099 P.O. BOX 232 Address: Address: TAVERNIER, FL 33070 City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: () Delete Title: () Change (X) Addition ROSENTHAL, HENRY Name: Name: Address: Address: 101 SAPODILLA DR ISLAMORADA, FL 33036 City-St-Zip: City-St-Zip:

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: BARBARA EDGAR S 04/24/2009