

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90755 023 ****70.00

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1. Entity Name
MILLSTONE INSTITUTE OF PRESERVATION, INC.



Principal Place of Business
6500 OLD MILLSTONE PLANTATION RD
TALLAHASSEE, FL 32312

Mailing Address
6500 OLD MILLSTONE PLANTATION RD
TALLAHASSEE, FL 32312



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3317129

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, JAMES R
4400 P.G.A. BLVD., SUITE 900
PALM BEACH GARDENS, FL 33410

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PENTON, DAN
STREET ADDRESS 4804 DEERRUN DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME JENNIFER PEATMAN
STREET ADDRESS CHERRY ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
NAME CONRAD, KATHRYN
STREET ADDRESS ROUTE 31 BOX 198
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME EDWARD ZEILOR
STREET ADDRESS 2220 MANDRELL COURT
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE D ☐ Delete
NAME ALDERMAN, JEAN
STREET ADDRESS 13510 N.E. 224TH STREET
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE ☐ Change ☐ Addition
NAME DUTY WENZEL
STREET ADDRESS 2023 ALHAMBRA DR
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☒ Delete
NAME HARTUNG, CHIP
STREET ADDRESS HILLSTONE PLANTATION RD.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CONRAD, JACK
STREET ADDRESS ROUTE 31 BOX 198
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOWERS, LEANNE
STREET ADDRESS MCCLURE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JACK H. CONRAD
DIRECTOR

Date

Daytime Phone #

4-29-04

850-668-2771