

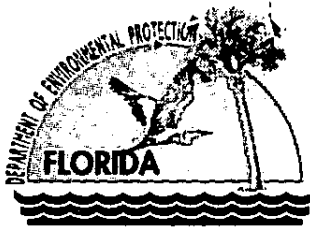


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000002892</b> 1. Entity Name <b>NATURAL BRIDGE HISTORICAL SOCIETY, INC.</b>						<b>FILED</b> <b>06 AUG 17 PM 2:06</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>815 EAST 7TH AVENUE</b> <b>TALLAHASSEE, FL 32303</b>				Mailing Address <b>815 EAST 7TH AVENUE</b> <b>TALLAHASSEE, FL 32303</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>TRAPP, ROBERT L</b> <b>815 EAST 7TH AVENUE</b> <b>TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BREWER, HENRY H <input type="checkbox"/> Delete ROUTE 3 BOX 567-G1 TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brewer, Henry H. 2714 Hadley Ferry Road Cairo, Georgia 39828		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD <input type="checkbox"/> Delete WHITE, RICHARD 1526 SOUTH GADSDEN STREET TALLAHASSEE, FL 323014416			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition White, Richard 1526 South Gadsden Street Tallahassee, Florida 32301-4416		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete RANDLE, TOM 201 SHELLE DRIVE TALLAHASSEE, FL 32311			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD <input type="checkbox"/> Delete TRAPP, ROBERT L 815 EAST 7TH AVENUE TALLAHASSEE, FL 32303			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <div style="text-align: center; font-size: 2em;">8/17</div>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Boyer 3101 208th Street Lake City, Florida 32024		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Rominger 8265 Greenmont Avenue Tallahassee, Florida 32317		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.							
<b>SIGNATURE:</b> <u>Robert L. Trapp</u> <b>Robert L. Trapp</b>				<b>4/14/2006</b>		<b>850 4136632</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000002892</b> 1. Entity Name <b>NATURAL BRIDGE HISTORICAL SOCIETY, INC.</b>					
Principal Place of Business <b>815 EAST 7TH AVENUE TALLAHASSEE, FL 32303</b>			Mailing Address <b>815 EAST 7TH AVENUE TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04072006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-3583214</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TRAPP, ROBERT L 815 EAST 7TH AVENUE TALLAHASSEE, FL 32303</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PO BREWER, HENRY H ROUTE 3 BOX 567-G1 TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD WHITE, RICHARD 1526 SOUTH GADSDEN STREET TALLAHASSEE, FL 323014416</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D RANDLE, TOM 201 SHELINE DRIVE TALLAHASSEE, FL 32311</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>STD TRAPP, ROBERT L 815 EAST 7TH AVENUE TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D Lamar Kelley 10054 Spring Sink Road Tallahassee, Florida 32305</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: Robert L. Trapp Robert L. Trapp 4/19/2006 850 413 6632</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Colleen M. Castille  
Secretary

August 21, 2006

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to request the Corporation Reinstatement of Natural Bridge Historical Society, Inc. They are a duly authorized citizen support organization, which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122. This filing is exempt from any fees when certified by this department.

If further information is needed, feel free to contact Phillip Werndli at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/jp

Attachments