2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006794

FILED Apr 06, 2009 Secretary of State

Entity Name: PRESERVATION PROJECT NORTH FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business: 2029 N. 3RD STREET JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** 2029 N. 3RD STREET JACKSONVILLE BEACH, FL 32250 FEI Number: 59-3614354 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: MIDDLEBROOK, MARK 2029 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250 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: () Delete (X) Change () Addition DELANEY, JOHN A DELANEY, JOHN A Name: Name: 4567 ST JOHNS BLUFF RD S Address: 4567 ST JOHNS BLUFF RD S Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: Title: (X) Change () Addition () Delete BRADLEY, ANNA Name: BRADLEY, ANNA Name: Address: 117 WEST DUVAL STREET, STE 400 Address: 851 NORTH MARKET STREET City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: (X) Change () Addition HAINLINE, TR HAINLINE, TR Name: Name: 1301 RIVERPLACE BLVD, STE 1500 1301 RIVERPLACE BLVD, STE 1500 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 (X) Change () Addition Title: () Delete Title: Name: ANDERSON, WARREN K Name: WILES, SUSAN S 2029 NORTH THIRD STREET Address: 2029 NORTH THIRD STREET Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 Title: () Delete Title: () Change () Addition PAUL, PAMELA Y Name: Name: P.O. BOX 1188 Address: Address: PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SHUMAN, SHARI Name: Name: Address: 4567 ST JOHNS BLUFF RD S Address: JACKSONVILLE, FL 32224 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: T.R. HAINLINE P 04/06/2009