

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002700

Entity Name: HISTORIC APALACHICOLA PARTNERSHIPS FOR
PRESERVATION, INCORPORATED**Current Principal Place of Business:**159 AVENUE B
APALACHICOLA, FL 32320**Current Mailing Address:**PO BOX 965
APALACHICOLA, FL 32329-0965 US**FEI Number: 82-4763897****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**VOLPE, ROBERT ESQ.
HOLTZMAN VOGEL
119 S. MONROE ST 500
TALLAHASSEE, FL 32301 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: ROBERT VOLPE****03/10/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DAVIS, BONNIE
Address 159 AVENUE B
City-State-Zip: APALACHICOLA FL 32320

Title SEC
Name BREWER, DIANE
Address 159 AVENUE B
City-State-Zip: APALACHICOLA FL 32320

Title TREASURER
Name WHITESELL, PETE
Address PO BOX 965
City-State-Zip: APALACHICOLA FL 32329-0965

Title DIRECTOR
Name WEBB, VALENTINA
Address PO BOX 965
City-State-Zip: APALACHICOLA FL 32329

Title DIRECTOR
Name ALBER, JOHN
Address PO BOX 965
City-State-Zip: APALACHICOLA FL 32329

Title DIRECTOR
Name THOMAS, JAN
Address PO BOX 965
City-State-Zip: APALACHICOLA FL 32329

Title DIRECTOR
Name HILL, MOLLIE
Address PO BOX 965
City-State-Zip: APALACHICOLA FL 32329-0965

I hereby 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 all other like empowered.

SIGNATURE: PETE WHITESELL**TREASURER****03/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date