

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28572

Entity Name: TALLAHASSEE TRUST FOR HISTORIC PRESERVATION, INC.**Current Principal Place of Business:**423 E VIRGINIA ST
TALLAHASSEE, FL 32301**Current Mailing Address:**423 E VIRGINIA ST
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2921039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOLLER, MELISSA A
423 E VIRGINIA ST
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:** MELISSA A. STOLLER

01/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST CHAIR
Name CRAWFORD, ELIZABETH
Address 241 TEAL LANE
City-State-Zip: TALLAHASSEE FL 32308

Title TREASURER
Name PHIPPS, BENJAMIN K
Address PO BOX 1351
City-State-Zip: TALLAHASSEE FL 32302

Title VICE CHAIR
Name BAKER, TIFFANY
Address 915 DENT ST
City-State-Zip: TALLAHASSEE FL 32304

Title EXECUTIVE DIRECTOR
Name STOLLER, MELISSA
Address 423 E VIRGINIA ST
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN
Name JUDY , ETEMADI
Address 5019 MCLAUGHLIN DR.
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY
Name PABON, ARLEEN
Address 1497 VIEUX CARRE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

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: MELISSA STOLLER

EXECUTIVE DIRECTOR

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date