


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 025 ****61.25

DOCUMENT # N02000001149
1. Entity Name
HISTORIC RUSS HOUSE FOUNDATION, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 130 MARIANNA FL 32447

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
JACKSON CO. CHAMBER OF COMMERCE
4318 LAFAYETTE STREET
MARIANNA FL 32446

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
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 *Art Kimbrough* **6-4-04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KIMBROUGH, ART	
STREET ADDRESS	4318 LAFAYETTE STREET	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAKER, FRANK A	
STREET ADDRESS	4431 LAFAYETTE STREET	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, JAMES W	
STREET ADDRESS	7371 COX ROAD	
CITY-ST-ZIP	BASCOM FL 32423	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBBY	
STREET ADDRESS	4207 LAFAYETTE STRET	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, KEN	
STREET ADDRESS	4636 HWY 90 EAST, SUITE E	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANSON, TOM	
STREET ADDRESS	3284 CAVERNS ROAD	
CITY-ST-ZIP	MARIANNA FL 32446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Art Kimbrough* **6-4-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

44040000



MOORE CR2E037 (11/03)