

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2005
Secretary of State**

DOCUMENT# N02000001149

Entity Name: HISTORIC RUSS HOUSE FOUNDATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 130
MARIANNA, FL 32447

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 130
MARIANNA, FL 32447

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: KIMBROUGH, ART
Address: 4318 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446

Title: STD () Delete
Name: BAKER, FRANK A
Address: 4431 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: HART, JAMES W
Address: 7371 COX ROAD
City-St-Zip: BASCOM, FL 32423

Title: D () Delete
Name: ROBERTS, ROBBY
Address: 4207 LAFAYETTE STRET
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: GRIFFIN, KEN
Address: 4636 HWY 90 EAST, SUITE E
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: SANSON, TOM
Address: 3284 CAVERNS ROAD
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ART KIMBROUGH

PD

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date