


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N37989 1. Entity Name DESOTO COUNTY HISTORICAL SOCIETY, INC.	
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Principal Place of Business 914 MIZELL AVE ARCADIA, FL 34266 US	Mailing Address PO BOX 1824 ARCADIA, FL 34265 US
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3018187	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

**WILSON, LUKE
914 MIZELLA AVE
ARCADIA, FL 34266**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000091232
03/17/04-80051-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, JOHN A 3846 NW VALENCIA ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, LUKE 914 MIZELLE AVE. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYNOLDS, FOREST 3846 NW VALENCIA ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIGHT, LOIS J P.O. BOX 295 FT. OGDEN, FL 34267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, RUTH R 1021 W. HICKORY AVE. ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, DUAYNE 1507 N. ARCADIA ST. ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

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: *Lois J. Wight* (Lois J. Wight) **March 8, 2004** **863-993-1274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #