


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90028 030 ****61.25

DOCUMENT # N37989
 1. Entity Name
DESOTO COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business
914 MIZELL AVE
ARCADIA FL 34266
US

Mailing Address
PO BOX 1824
ARCADIA FL 34265
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1824
 Suite, Apt. #, etc.

City & State
Arcadia, FL

4. FEI Number
59-3018187

Applied For
 Not Applicable

Zip
34265

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
WILSON, LUKE
914 MIZELL AVE
ARCADIA FL 34266

7. Name and Address of New Registered Agent
 Name
~~Jerald Newberry~~ **Correction only**
 Street Address (P.O. Box Number is Not Acceptable)
MIZELL
 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 *Luke Wilson* **LUKE WILSON** **3/10/05**
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, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, JOHN A 3846 NW VALENCIA ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jerald Newberry P.O. Box 1947 Arcadia, FL 34265 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, LUKE 914 MIZELL AVE. ARCADIA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V James Westberry 1051 NE Polk Ave. Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYNOLDS, FOREST 3846 NW VALENCIA ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Haynelle Newberry P.O. Box 1947 Arcadia, FL 34265 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIGHT, LOIS J P.O. BOX 295 FT. OGDEN FL 34267 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, RUTH R 1021 W. HICKORY AVE. ARCADIA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Helen Marciante 3461 Amber Kay Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, DUAYNE 1507 N. ARCADIA ST. ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Treasurer 2/5/05 (863)993-1274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #