

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37989

FILED
Jan 16, 2011
Secretary of State

Entity Name: DESOTO COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

914 MIZELL AVE
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1824
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 59-3018187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LUKE
914 MIZELL AVE
ARCADIA, FL 34266 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: P
Name: MCGAVIC, MITZIE
Address: POB 1824
City-St-Zip: ARCADIA, FL 34265

Title: VP
Name: JACKSON, BEBE
Address: 7913 NE WILLIAMS AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: S
Name: POTTER, MICHELLE
Address: 2230 NW BROWNVILLE STREET
City-St-Zip: ARCADIA, FL 34266

Title: T
Name: CONLEY, ARLENE
Address: 5173 NE MASTERS AVE
City-St-Zip: ARCADIA, FL 34266

Title: D
Name: HIGLEY, KAY
Address: 427 W. HICKORY ST
City-St-Zip: ARCADIA, FL 34266

Title: D
Name: SHORE, CLEL
Address: 2692 NE HWY 70, LOT#658
City-St-Zip: ARCADIA, FL 34266

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: ARLENE CONLEY

TREA

01/16/2011

Electronic Signature of Signing Officer or Director

Date