FILED
May 02, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000737

1. Entity Name
GLADES COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
GLADES COUNTY HISTORICAL MUSEUM 270 AVENUE L MOORE HAVEN, FL 33471 US	P.O. BOX 806 MOORE HAVEN, FL 33471

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01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2550093
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COFFEY, ANNE
4675 US HWY 27 N
MOORE HAVEN, FL 33471

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RECTOR, WABA
STREET ADDRESS	931 YACHT CLUB WAY
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	VP
NAME	MORNINGSTAR, JUNE
STREET ADDRESS	809 YACHT CLUB WAY
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	T
NAME	SCHAUSEIL, AL
STREET ADDRESS	1301 RIVERSIDE DRIVE
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	P
NAME	COFFEY, ANNE
STREET ADDRESS	4675 US HWY 27 N
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	S
NAME	WIGTON, JULIE
STREET ADDRESS	10375 LOWRY LANE
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/08-80025-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Al Schauseil, TREASURER A M SCHAUSEIL APR 29 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #