2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N97000000737

Entity Name: GLADES COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

GLADES COUNTY HISTORICAL MUSEUM
270 AVENUE L
MOORE HAVEN, FL 33471 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 806
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 59-2550093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFEY, ANNE
4675 US HWY 27 N
MOORE HAVEN, FL 33471 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: D ( ) Delete
Name: RECTOR, WABA
Address: 931 YACHT CLUB WAY
City-St-Zip: MOORE HAVEN, FL 33471

Title: VP ( ) Delete
Name: MORNINGSTAR, JUNE
Address: 809 YACHT CLUB WAY
City-St-Zip: MOORE HAVEN, FL 33471

Title: T ( ) Delete
Name: SCHAUSEIL, AL
Address: 1301 RIVERSIDE DRIVE
City-St-Zip: MOORE HAVEN, FL 33471

Title: P ( ) Delete
Name: COFFEY, ANNE
Address: 4675 US HWY 27 N
City-St-Zip: MOORE HAVEN, FL 33471

Title: S ( ) Delete
Name: WIGTON, JULIE
Address: 10375 LOWRY LANE
City-St-Zip: MOORE HAVEN, FL 33471

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MILES, DONALD
Address: 245 NW COUNTY ROAD 721
City-St-Zip: MOORE HAVEN, FL 33471

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
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: COFFEY, JOHN B
Address: 4675 US HWY 27 N
City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANNE COFFEY P 04/27/2009

Electronic Signature of Signing Officer or Director — Date