


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006118**  
1. Entity Name  
**SOUTH LAKE COUNTY HISTORICAL SOCIETY, INC.**



Principal Place of Business  
**450 E HIGHWAY 50  
CLERMONT, FL 34711**

Mailing Address  
**450 E HIGHWAY 50  
CLERMONT, FL 34711**



02052008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-8544324</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLFE, MICKI  
450 E HIGHWAY 50  
CLERMONT, FL 34711**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of organizing 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 re-issuings)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11000001475298  
04/05/06-80010-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, MICKI 450 E HIGHWAY 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEEBE, BETTY 1157 W MAGNOLIA ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, BEVERLY 723 W MONTROSE ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, LOUISE 5514 SHRIVER ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD STOCKTON, LOUISE 478 W LAKESHORE DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD BEEBETON, ELAINE 420 MINNEHABA CLERMONT, FL 34711

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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: *Elizabeth A. Beebe* VP **3/20/06** 352-394-6611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #