


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90006 011 \*\*\*\*61.25

**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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
*P.O. Box 121723*

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
*Clermont, FL*

City & State

City & State

Zip Country

Zip Country  
*34711 USA*

40119090



05142007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-8544324 *3544324*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, MICKI  
 450 E HIGHWAY 50  
 CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by September 14, 2007**

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 P NAME WOLFE, MICKI STREET ADDRESS 450 E HIGHWAY 50 CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BEEBE, BETTY STREET ADDRESS 1157 W MAGNOLIA ST CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>VD Devon Cole 491 E. Osceola St. Clermont, FL 34711</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ANDERSON, BEVERLY STREET ADDRESS 723 W MONTROSE ST CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>SIT/D Walker, Dolores 1653 Bowman St. Clermont, FL 34711</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ALLEN, LOUISE STREET ADDRESS 5514 SHRIVER ST CITY-ST-ZIP LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BD NAME STOCKTON, LOUISE STREET ADDRESS 478 W LAKESHORE DR CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BD NAME BEEBETON, ELAINE STREET ADDRESS 420 MINNEHABA CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>D Beebe, Elaine 420 Minnehaba Ave Clermont, FL 34711</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dolores Walker* *Dolores Walker* *5-22-07* *352* *394-1390*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Secretary-Treasurer*