


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90013 024 ****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
 PO BOX 121723
 CLERMONT, FL 34711

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



01132008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3544324

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

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, MICKI 450 E HIGHWAY 50 CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLE, DEVON 491 E. OSCEOLA ST. CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, DOLORES 1653 BOWMAN ST. CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, LOUISE 5514 SHRIVER ST LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD STOCKTON, LOUISE 478 W LAKESHORE DR CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BEEBE, ELAINE 420 MINNEHABA CLERMONT, FL 34711	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Wolfe, Micki 450 E. Highway 50 CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stockton, Louise 478 W. Lakeshore Dr CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: Ralnes Walker, Secy-Treas. 4-23-08 352 - 394-1390
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Dolores Walker

ATTACHMENT

40101377
N98000006118

Additional page for #11 - Additions

D

Bowman, Bob
P. O. Box 120772
Clermont, FL 34712

D

Freeman, Joyce
P. O. Box 120521
Clermont, FL 34712

D

Goodgame, Ray
2118 St. Ives Ct.
Clermont, FL 34711

D

Griffin, John
204 First Avenue
Groveland, FL 34736

D

Griffin, Jesse
9926 Spring Lake Dr.
Clermont, FL 34715

D

Isom, Jeremy
P. O. Box 172
Minneola, FL 34715

D

Keller-Raber, John
863 S. Waterview Dr.
Clermont, FL 34711

ATTACHMENT

40101377

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D

Keller-Raber, Candace
863 S. Waterview Dr.
Clermont, FL 34711

D

Krull, Jeff
516 Indiana Cir.
Mascotte, FL 34753

D

Lamb, Hope
P. O. Box 121104
Clermont, FL 34712

D

Nagel, Merideth
P. O. Box 121310
Clermont, FL 34712

D

Ray, Bonnie
462 Osceola Street
Clermont, FL 34711

D

Schramm, Chris
2580 E. Hwy. 50
Clermont, FL 34711

D

Tillman, Barbara
516 Indiana Cir.
Mascotte, FL 34752