

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N98000006118

Entity Name: SOUTH LAKE COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

450 E HIGHWAY 50
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 121723
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3544324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, MICKI
450 E HIGHWAY 50
CLERMONT, FL 34711 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: CEO () Delete
Name: WOLFE, MICKI
Address: 450 E HIGHWAY, SUITE #50
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: COLE, DEVON
Address: 491 E. OSCEOLA ST.
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: WALKER, DOLORES
Address: 1653 BOWMAN ST.
City-St-Zip: CLERMONT, FL 34711

Title: P () Delete
Name: STOCKTON, LOUISE
Address: 478 W LAKESHORE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BEEBE, ELAINE
Address: 420 MINNEHABA
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOLORES WALKER

SEC.

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date