

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90093 021 \*\*\*\*61.25

0054238

**DOCUMENT # 727779**

1. Corporation Name

**THE LARGO AREA HISTORICAL SOCIETY, INC.**

Principal Place of Business

1521 S. JEFFERSON AVE.  
CLEARWATER FL 33756  
US

Mailing Address

1521 S. JEFFERSON AVE.  
CLEARWATER FL 33756  
US

479408 9 4 8  
90093 - 21



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/17/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2861940

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELACK, ROBERT E  
1521 S. JEFFERSON AVE.  
CLEARWATER FL 33756

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
SANDERS, DANIEL  
STREET ADDRESS 9790 66TH ST N LOT 322  
CITY-ST-ZIP PINELLAS PARK FL 33782

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME VD  
SANDERS, LINDA  
STREET ADDRESS 9790 66TH ST N LOT 322  
CITY-ST-ZIP PINELLAS PARK FL 33782

2.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME VD  
WIGGINS, BONNIE  
STREET ADDRESS 501 ROSERY ROAD NE  
CITY-ST-ZIP LARGO FL

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME SD  
LANEY, VIRGINIA  
STREET ADDRESS 400 ALT KEENE RD  
CITY-ST-ZIP LARGO FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME TD  
DELACK, ROBERT E  
STREET ADDRESS 1521 S. JEFFERSON AVE.  
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME D  
MCMULLEN, JESSIE R  
STREET ADDRESS 15632 BEDFORD CIRCLE W  
CITY-ST-ZIP CLEARWATER FL 33764

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert E. Delack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (T21) 441-1338

CR2E037 (11/98)