

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 721272

1. Entity Name
HISTORICAL SOCIETY OF CENTRAL FLORIDA, INC.



Principal Place of Business
**65 E CENTRAL BLVD
ORLANDO, FL 32801**

Mailing Address
**65 E CENTRAL BLVD
ORLANDO, FL 32801**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1860444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN ARSDEL, SARA
65 E. CENTRAL
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

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

01/13/05-80032-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
RICHMEN, JAN
65 E CENTRAL BLVD
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SAUNDERS, ALEGANDRA
65 E. CENTRAL BLVD
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
REINERT, PETER
65 E CENTRAL BLVD
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VAN ARSDEL, SARA
65 E CENTRAL BLVD
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

407-936-8800

Daytime Phone #