2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 727779

1. Entity Name
THE LARGO AREA HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
6272 151ST TERR N. CLEARWATER, FL 33760-2049 US	6272 151ST TERR N. CLEARWATER, FL 33760-2049 US

01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2861940
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELACK, ROBERT E
6272 151ST TERR N
CLEARWATER, FL 33760-2049

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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, FORREST E
STREET ADDRESS	6272 151ST TERR N
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	1VD
NAME	VANATTER, DOUG
STREET ADDRESS	784 GLENGARY LANE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	2VD
NAME	DONOVAN, KAREN
STREET ADDRESS	13946 105 TJ AVE
CITY-ST-ZIP	LARGO, FL 33774
TITLE	SD
NAME	MORRISON, PAT
STREET ADDRESS	417 FIFTH AVE SW
CITY-ST-ZIP	LARGO, FL 33770
TITLE	TD
NAME	WILLIAMS, MARTHA L
STREET ADDRESS	6272 151ST TERR N
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	FOREHAND, DON
STREET ADDRESS	1715 30TH LANE SW
CITY-ST-ZIP	LARGO, FL 33774

U00000584992
01/12/07-80056-021 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 1/10/07 727-531-1804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #