

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005185

**Entity Name:** THE ALACHUA HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**11012 NW 202ND ST.  
ALACHUA, FL 32615**Current Mailing Address:**P.O. BOX 1021  
ALACHUA, FL 32616 US**FEI Number: 59-3664225****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**TOMPKINS, DARRYL J  
14420 NW 151ST BLVD.  
ALACHUA, FL 32615 US*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**Officer/Director Detail :**

Title	P
Name	MATTHEWS, EMELIE
Address	11012 NW 202ND ST.
City-State-Zip:	ALACHUA FL 32615

Title	T
Name	CALDERWOOD, HUGH
Address	POB 2307
City-State-Zip:	ALACHUA FL 32615

Title	H
Name	HORNER, VADA
Address	PO BOX 297
City-State-Zip:	ALACHUA FL 32615

Title	D
Name	MATTHEWS, ARCHIE L
Address	11012 NW 202ND STREET
City-State-Zip:	ALACHUA FL 32615

Title	VP
Name	GIB, COERPER
Address	PO BOX 97
City-State-Zip:	ALACHUA FL 32615

*I hereby 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 all other like empowered.*

**SIGNATURE: EMELIE L. MATTHEWS****PRESIDENT****02/19/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date