

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37989

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC0963163521**

**Entity Name:** DESOTO COUNTY HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

300 NORTH MONROE AVENUE  
ARCADIA, FL 34266

**Current Mailing Address:**

PO BOX 1824  
ARCADIA, FL 34265 US

**FEI Number: 59-3018187**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILSON, LUKE  
914 MIZELL AVE  
ARCADIA, FL 34266 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 CLINE, ADRIAN  
Address P.O.BOX 1882  
City-State-Zip: ARCADIA FL 34265

Title VP  
Name KEEN, VERNON  
Address 3495 S.E.HANSEL AVE  
City-State-Zip: ARCADIA FL 34266

Title S  
Name BANAS, NORMA  
Address P.O.BOX 2112  
City-State-Zip: ARCADIA FL 34265

Title T  
Name MCGAVIC, MITZIE  
Address 7730 SW ENVIRONMENTAL LAB ST  
City-State-Zip: ARCADIA FL 34266

Title D  
Name CHANCEY, JAMES  
Address 1659 SE WALTON AVENUE  
City-State-Zip: ARCADIA FL 34266

Title D  
Name MCGAVIC, MITZIE  
Address 7730 S.W.ENVIRONMENTAL LAB  
City-State-Zip: ARCADIA FL 34266

*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: MITZIE MCGAVIC**

**TREASURER**

**01/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date