
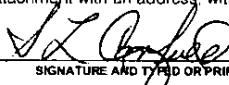


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 006 ****61.25

DOCUMENT # 715299 1. Entity Name THE APOPKA HISTORICAL SOCIETY, INC.					
Principal Place of Business 122 EAST 5TH STREET APOPKA, FL 32703 US			Mailing Address 122 EAST 5TH STREET APOPKA, FL 32703 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7117322	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NICOLS, ANGELA 1582 GOLFSIDE VILLAGE APOPKA, FL 32712				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN <input checked="" type="checkbox"/> Delete 1906 CRANBERRY ISLES WAY APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Frances Mancuso 2217 Park Village PL Apopka FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICOLS, ANGELA <input type="checkbox"/> Delete 1582 GOLFSIDE VILLAGE BLVD APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEUDENBERG, LARRY <input type="checkbox"/> Delete 684 EAST WELCH RD APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTERS, D. MALLOY <input checked="" type="checkbox"/> Delete 222 N. CENTRAL AVE APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon Canfield 92 E MAIN ST APOPKA FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ODOM, FAYE <input type="checkbox"/> Delete 4629 PLYMOUTH SORRENTO RD PLYMOUTH, FL 32768		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, FRANCINA <input type="checkbox"/> Delete 1484 ELDERTON DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/2/06 4075210800 <small>Date Daytime Phone #</small>		

40030910



02102006 Chg-NP CR2E037 (11/05)