

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 14, 2007**  
**Secretary of State**

DOCUMENT# 715299

**Entity Name:** THE APOPKA HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**122 EAST 5TH STREET  
APOPKA, FL 32703 US**New Principal Place of Business:****Current Mailing Address:**122 EAST 5TH STREET  
APOPKA, FL 32703 US**New Mailing Address:****FEI Number:** 23-7117322**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NICOLS, ANGELA  
1582 GOLFSIDE VILLAGE  
APOPKA, FL 32712 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MANCUSO, MARY FRANCES  
Address: 2217 PARK VILLAGE PL  
City-St-Zip: APOPKA, FL 32712

Title: P ( ) Delete  
Name: NICOLS, ANGELA  
Address: 1582 GOLFSIDE VILLAGE BLCVD  
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete  
Name: LEUDENBERG, LARRY  
Address: 684 EAST WELCH RD  
City-St-Zip: APOPKA, FL 32712

Title: T ( ) Delete  
Name: CANFIELD, SHARON  
Address: 32 E. MAIN ST  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: ODOM, FAYE  
Address: 4629 PLYMOUTH SORRENTO RD  
City-St-Zip: PLYMOUTH, FL 32768

Title: D ( ) Delete  
Name: BOYKIN, FRANCINA  
Address: 1484 ELDERTON DR  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: FORTUNATO, LOUISE  
Address: 1124 LAKE FRANCIS DR  
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change ( ) Addition  
Name: CHRISTMAS, JACK  
Address: 747 CREPE MYRTLE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON CANFIELD

T

05/14/2007

Electronic Signature of Signing Officer or Director

Date