

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90271 002 ****61.25

DOCUMENT # 717006

1. Entity Name

**CARVER-HILL MEMORIAL AND HISTORICAL SOCIETY
INC.**



Principal Place of Business

**CARVER-HILL MUSEUM
895 MCCLELLAND ST.
CRESTVIEW FL 32536
US**

Mailing Address

**CARVER-HILL MUSEUM
895 MCCLELLAND ST.
CRESTVIEW FL 32536
US**

2. Principal Place of Business

895 McClelland Street

Suite, Apt. #, etc.

Crestview, FL 32536

City & State

Zip
32536

Country
America

3. Mailing Address

649 McClelland Street

Suite, Apt. #, etc.

Crestview, FL 32536

City & State

Zip
32536

Country
America



MOORE CR2E037 (11/03)

4. FEI Number

59-1791571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, CAROLINE J
649 MCCLELLAND ST
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **STAKLEY GEORGE**
STREET ADDRESS **859 MLK AVENUE**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **PD** ☐ Delete
NAME **ALLEN, CAROLINE J**
STREET ADDRESS **649 MCCLELLAND ST**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **FSD** ☐ Delete
NAME **ALLEN, SAMUEL A.**
STREET ADDRESS **649 MCCLELLAND ST**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **D** ☐ Delete
NAME **ROBERSON, BILLYE RAE**
STREET ADDRESS **202 S. BOOKER ST.**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **VPD** ☐ Delete
NAME **HUTCHINSON, WILLIE C.**
STREET ADDRESS **835 S. McDONALD STREET**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **D** ☒ Delete
NAME **CHATMAN, DALE**
STREET ADDRESS **PO BOX 841**
CITY-ST-ZIP **CRESTVIEW FL 32536**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **RS** ☐ Change ☒ Addition
NAME **Carolyn Sue Smith**
STREET ADDRESS **P. O. Box 163**
CITY-ST-ZIP **Milligan, FL 32537**

TITLE **D** ☐ Change ☒ Addition
NAME **Betty Jackson**
STREET ADDRESS **603 Hayes Place**
CITY-ST-ZIP **Crestview, FL 32536**

TITLE **RS D** ☒ Change ☐ Addition
NAME **Tonsiaweda Hayes**
STREET ADDRESS **P. O. Box 1891**
CITY-ST-ZIP **Crestview, FL 32536**

TITLE **D** ☐ Change ☒ Addition
NAME **Aaron Waters**
STREET ADDRESS **P. O. Box 134**
CITY-ST-ZIP **Laurel Hill, FL 32567**

TITLE **D Delete** ☐ Change ☐ Addition
NAME **Marion Williams**
STREET ADDRESS **196 Mango Street**
CITY-ST-ZIP **Pensacola, FL 32503**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Caroline J. Allen* **Caroline J. Allen**
President

4-9-04 (850) 682-3494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #