

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

**DOCUMENT # 717006**

1. Entity Name

CARVER-HILL MEMORIAL AND HISTORICAL SOCIETY  
INC.



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

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

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**

3. Mailing Address

**649 McClelland Street**

Suite, Apt. #, etc.

**Crestview, FL 32536**

Suite, Apt. #, etc.

**Crestview, FL 32536**

City & State

City & State

Zip  
32536

Country  
America

Zip  
32536

Country  
America

6. Name and Address of Current Registered Agent

ALLEN, CAROLINE J  
649 MCCLELLAND ST  
CRESTVIEW FL 32536

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAKLEY GEORGE 859 MLK AVENUE CRESTVIEW FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Carolyn Sue Smith P. O. Box 163 Milligan, FL 32537	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, CAROLINE J 649 MCCLELLAND ST CRESTVIEW FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Jackson 603 Hayes Place Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD ALLEN, SAMUEL A. 649 MCCLELLAND ST CRESTVIEW FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS D Tonsiaweda Hayes P. O. Box 1891 Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, BILLYE RAE 202 S. BOOKER ST. CRESTVIEW FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aaron Waters D P. O. Box 134 Laurel Hill, FL 32567	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUTCHINSON, WILLIE C. 835 S. MCDONALD STREET CRESTVIEW FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete Marion Williams 196 Mango Street Pensacola, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATMAN, DALE PO BOX 841 CRESTVIEW FL 32536	<input checked="" type="checkbox"/> Delete	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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04 (850) 682-3494

Date

Daytime Phone #