

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90097 033 ****62.25

DOCUMENT # 717006

1. Entity Name

CARVER-HILL MEMORIAL AND HISTORICAL SOCIETY
INC.



Principal Place of Business

895 MCCLELLAND ST.
CRESTVIEW FL 32536
US

Mailing Address

649 MCCLELLAND ST.
CRESTVIEW FL 32536
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

59-1791571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

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 Allen, Samuel A.
Street Address (P.O. Box Number is Not Acceptable)
649 McClelland St.

City Crestview FL Zip Code 32536

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 Samuel A. Allen Samuel A. Allen 022806
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 RSD ☐ Delete
NAME SMITH, CAROLYN H
STREET ADDRESS P.O. BOX 115
CITY-ST-ZIP BAKER FL 32531

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

TITLE D ☐ Delete
NAME HAYES, TONSI AWEDA
STREET ADDRESS PO BOX 1891
CITY-ST-ZIP CRESTVIEW FL 32536

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 JACKSON, BETTY
STREET ADDRESS 603 HAYES PLACE
CITY-ST-ZIP CRESTVIEW FL 32536

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME George Stakley, George
STREET ADDRESS 856 Martin Luther King Jr. Ave
CITY-ST-ZIP

TITLE FS D ☐ Change ☒ Addition
NAME Allen, Samuel A
STREET ADDRESS 649 McClelland St
CITY-ST-ZIP Crestview, FL 32536

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME Hutchinson, Willie C.
STREET ADDRESS 835 S. McDonald St.
CITY-ST-ZIP Crestview, FL 32536

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Samuel A. Allen Samuel A. Allen, Fin. Sec. 022806 850 682-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #