

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717006

FILED
Mar 21, 2012
Secretary of State

Entity Name: CARVER-HILL MEMORIAL AND HISTORICAL SOCIETY INC.

Current Principal Place of Business:

895 MCCLELLAND ST.
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

649 MCCLELLAND ST.
CRESTVIEW, FL 32536 US

New Mailing Address:

553 MCDONALD ST.
CRESTVIEW, FL 32536 US

FEI Number: 59-1791571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, SAMUEL A
649 MCCLELLAND ST
CRESTVIEW, FL 32536 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: RSD
Name: SMITH, CAROLYN H
Address: P.O. BOX 115
City-St-Zip: BAKER, FL 32531

Title: FSD
Name: ALLEN, SAMUEL A
Address: 649 MCCLELLAND ST
City-St-Zip: CRESTVIEW, FL 32536

Title: D
Name: HAYES, TONSI AWEDA
Address: PO BOX 1891
City-St-Zip: CRESTVIEW, FL 32536

Title: VD
Name: STAKLEY, GEORGE
Address: 856 MARTIN LUTHER KING JR AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: PD
Name: HAYES, SHANNON
Address: 553. MCDONALD STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: D
Name: JACKSON, BETTY
Address: 603 HAYES PLACE
City-St-Zip: CRESTVIEW, FL 32536

I hereby 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 all other like empowered.

SIGNATURE: SHANNON HAYES

PRES

03/21/2012

Electronic Signature of Signing Officer or Director

Date