2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718852

Entity Name: DUNEDIN HISTORICAL SOCIETY, INC.

FILED Jan 12, 2004 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:		
349 MAIN S DUNEDIN,		US				
Current Mailing Address:			New Mail	New Mailing Address:		
P.O. BOX 2 DUNEDIN,	2393 FL 3469723	93 US				
FEI Number:	23-7207278	FEI Number Applied For() F	El Number Not App	olicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
LITTLEJOH 1027 BRO DUNEDIN,		US	161 FLOR	OHN, SUSAN RIDA AVE N, FL 34698 US		
The above in the State	named entity of Florida.	submits this statement for the purp	ose of changing	its registered office or registered agent, or both,		
SIGNATURE:				01/12/2004		
	Electro	onic Signature of Registered Agent		Date		
OFFICERS	S AND DIRE	CTORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (LITTLEJOHN, 1027 BROAD DUNEDIN, FL	WAY	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition LITTLEJOHN, SUSAN 161 FLORIDA AVE DUNEDIN, FL 34698		
Title: Name: Address: City-St-Zip:	DV (ENGLEBERT, 2041 KIMBER DUNEDIN, FL	RLY DRIVE	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition ENGLEBERT, CECIL 2041 KIMBERLY DRIVE DUNEDIN, FL 34698		
Title: Name: Address: City-St-Zip:	TD (ALLEN, CARC 639 BROADW DUNEDIN, FL	/AY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD (THOMAS, NEI 1655 NARNIA DUNEDIN, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WOLLMAN, P	RST ROAD 1E	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition HENDERSON, JANET 1135 VICTORIA DRIVE #6 DUNEDIN, FL 34698		
Title: Name: Address: City-St-Zip:	D (MASSARO, B 673 BROADW DUNEDIN, FL	/AY	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN ALLEN TD 01/12/2004