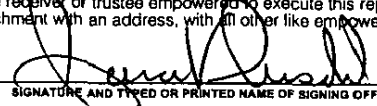


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90042 023 ****61.25

DOCUMENT # 721272 1. Entity Name HISTORICAL SOCIETY OF CENTRAL FLORIDA, INC.																	
Principal Place of Business 65 E CENTRAL BLVD ORLANDO, FL 32801			Mailing Address 65 E CENTRAL BLVD ORLANDO, FL 32801														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip														
4. FEI Number 59-1860444			Applied For ☐ Not Applicable														
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required														
6. Name and Address of Current Registered Agent VAN ARSDEL, SARA 65 E. CENTRAL ORLANDO, FL 32801				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																	
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> T RICHMEN, JAN 65 E CENTRAL BLVD ORLANDO, FL 32801 </td> <td style="width: 10%; text-align: center;"> ☒ Delete </td> </tr> <tr> <td> P SAUNDERS, ALEGANDRA 65 E. CENTRAL BLVD ORLANDO, FL 32801 </td> <td style="text-align: center;"> ☐ Delete </td> </tr> <tr> <td> PD REINERT, PETER 65 E CENTRAL BLVD ORLANDO, FL 32801 </td> <td style="text-align: center;"> ☐ Delete </td> </tr> <tr> <td> D VAN ARSDEL, SARA 65 E CENTRAL BLVD ORLANDO, FL 32801 </td> <td style="text-align: center;"> ☐ Delete </td> </tr> <tr> <td> </td> <td style="text-align: center;"> ☐ Delete </td> </tr> <tr> <td> </td> <td style="text-align: center;"> ☐ Delete </td> </tr> </table>					T RICHMEN, JAN 65 E CENTRAL BLVD ORLANDO, FL 32801	☒ Delete	P SAUNDERS, ALEGANDRA 65 E. CENTRAL BLVD ORLANDO, FL 32801	☐ Delete	PD REINERT, PETER 65 E CENTRAL BLVD ORLANDO, FL 32801	☐ Delete	D VAN ARSDEL, SARA 65 E CENTRAL BLVD ORLANDO, FL 32801	☐ Delete		☐ Delete		☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TREASURER JOE DUREK 65 E CENTRAL BLVD ORLANDO, FL 32801 </td> <td style="width: 10%; text-align: center;"> ☒ Change ☒ Addition </td> </tr> <tr> <td> SAUNDERS, ALEGANDRA </td> <td style="text-align: center;"> ☒ Change ☐ Addition </td> </tr> <tr> <td> </td> <td style="text-align: center;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> </td> <td style="text-align: center;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> </td> <td style="text-align: center;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> </td> <td style="text-align: center;"> ☐ Change ☐ Addition </td> </tr> </table>					TREASURER JOE DUREK 65 E CENTRAL BLVD ORLANDO, FL 32801	☒ Change ☒ Addition	SAUNDERS, ALEGANDRA	☒ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  SARA VAN ARSDEL Feb. 9, 2006 407-836-8500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																	