2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 721272

Entity Name: HISTORICAL SOCIETY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

65 E CENTRAL BLVD
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

65 E CENTRAL BLVD
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-1860444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN ARSDEL, SARA
65 E. CENTRAL
ORLANDO, FL 32801 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: T ( ) Delete
Name: DUREK, JOE
Address: 65 E CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: P ( ) Delete
Name: CROSBIE, MICHAEL
Address: 65 E. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: PD ( ) Delete
Name: SAUNDERS, ALESANDRA
Address: 65 E CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: VAN ARSDEL, SARA
Address: 65 E CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: PE (X) Delete
Name: CLARK, JOHANNA
Address: 65 E. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: ALLEN, PAUL
Address: 65 E CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: P (X) Change ( ) Addition
Name: CLARK, JOHANNA
Address: 65 E. CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: PD (X) Change ( ) Addition
Name: CROSBIE, MICHAEL
Address: 65 E CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SARA VAN ARSDEL D 01/07/2009

Electronic Signature of Signing Officer or Director — Date