

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

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90285 047 ****61.25

DOCUMENT # 722545

1. Entity Name

LOXAHATCHEE RIVER HISTORICAL SOCIETY, INC.



Principal Place of Business

805 N. U.S. HWY. ONE
JUPITER FL 33477-3213

Mailing Address

805 N. U.S. HWY. ONE
JUPITER FL 33477-3213
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

23-7448343

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELATE, MARY THERESA
13331 MILES SLANDOH POET
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **ROGER BUCKWALTER**

Street Address (P.O. Box Number is Not Acceptable)

48 WINGO STREET

City **TEQUESTA**

FL

Zip Code **33469**

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

Roger Buckwalter

ROGER J. BUCKWALTER **4/24/06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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 **DP** ☒ Delete
NAME **DELATE, MARY-THERESE**
STREET ADDRESS **13331 MILES STANDISH PORT**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DVP** ☒ Delete
NAME **BUCKWALTER, ROGER**
STREET ADDRESS **48 WINGO STREET**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **DS** ☐ Delete
NAME **BURNS, CHARLES**
STREET ADDRESS **1080 E INDIANTOWN RD**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **DT** ☒ Delete
NAME **CHRISTIANSEN, JENNIFER**
STREET ADDRESS **11420 U SHWY ONE, STE 147**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☒ Addition
NAME **ROGER BUCKWALTER**
STREET ADDRESS **48 WINGO STREET**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **VICE-PRESIDENT** ☒ Change ☒ Addition
NAME **CAROLYN SAN PHILLIP**
STREET ADDRESS **5312 PENNOCK POINT ROAD**
CITY-ST-ZIP **JUPITER, FL 33454**

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

TITLE **TREASURER** ☒ Change ☒ Addition
NAME **THEODORE G. THORNTON**
STREET ADDRESS **2015 LAPORE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

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

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:

Jamie Stuve **JAMIE STUVE EX.DIR. 4/24/06 561-747-6639**