

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722545

FILED
Apr 13, 2009
Secretary of State

Entity Name: LOXAHATCHEE RIVER HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

500 CAPTAIN ARMOURS WAY
JUPITER, FL 33469

New Principal Place of Business:

Current Mailing Address:

500 CAPTAIN ARMOURS WAY
JUPITER, FL 33469 US

New Mailing Address:

FEI Number: 23-7448343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKWATER, ROGER
48 WINGO ST.
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

STUVE, JAMIE
382 MAPLECREST CIRCLE
JUPITER, FL 33458 US

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: JAMIE STUVE

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SAN PHILLIP, CAROLYN
Address: 5372 PENNOCK POINT RD.
City-St-Zip: JUPITER, FL 33458

Title: P () Delete
Name: BUCKWALTER, ROGER
Address: 48 WINGO STREET
City-St-Zip: TEQUESTA, FL 33469

Title: DS () Delete
Name: SNYDER, JAMES
Address: 8657 SE MERRITT WAY
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: THOBURN, THEODORE G
Address: 2015 LADORTE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SNYDER, JAMES D
Address: 8657 SE MERRITT WAY
City-St-Zip: JUPITER, FL 33458

Title: VC (X) Change () Addition
Name: WOOD, BILL
Address: 4 EAST RIVERSIDE DRIVE
City-St-Zip: JUPITER, FL 33469

Title: S (X) Change () Addition
Name: HUDIBURG, JOAN
Address: 197 COMMODORE DRIVE
City-St-Zip: JUPITER, FL 33477

Title: T (X) Change () Addition
Name: THOBURN, THEODORE G
Address: 184 FLORENCE DRIVE
City-St-Zip: JUPITER, FL 33458

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: JAMIE STUVE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date