


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 020 ****61.25

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| DOCUMENT # 727779 |  |
| 1. Entity Name THE LARGO AREA HISTORICAL SOCIETY, INC. | |

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| Principal Place of Business 6272 151ST TERR N. CLEARWATER, FL 33760-2049 US | Mailing Address 6272 151ST TERR N. CLEARWATER, FL 33760-2049 US |
|---|---|

50027281



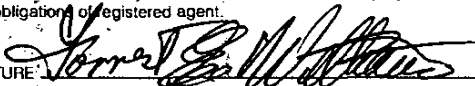
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01202005 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-2861940 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent DELACK, ROBERT E 6272 151ST TERR N CLEARWATER, FL 33760-2049 | | 7. Name and Address of New Registered Agent Name Williams, FORREST E. Street Address (P.O. Box Number is Not Acceptable) 6272 151st TERRACE N. City CLEARWATER FL Zip Code 33760-2049 | |
|--|--|--|--|

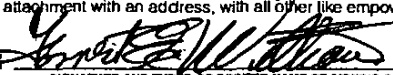
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **FORREST E. WILLIAMS** 1/20/05
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, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, FORREST E 6272 151ST TERR N CLEARWATER, FL 33760 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VD DELACK, ROBERT E 1521 S JEFFERSON AVE CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VD DOLG VANATTER 784 GLENBURY LAKE PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHORT, MARILYN 1260 LEONA DR LARGO, FL 33770 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VD KAREN DODD VAN 13946 105 th AVE N LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MORRISON, PAT 417 FIFTH AVE SW LARGO, FL 33770 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILLIAMS, MARTHA L 6272 151ST TERR N CLEARWATER, FL 33760 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOREHAND, DON 1715 30TH LANE SW LARGO, FL 33774 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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  **FORREST E. WILLIAMS** 1/20/05 727-531-1804
Signature and typed or printed name of signing officer or director Date Daytime Phone #