

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 727779

1. Entity Name
THE LARGO AREA HISTORICAL SOCIETY, INC.



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

Mailing Address
**6272 151ST TERR N.
CLEARWATER, FL 33760-2049 US**



02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2861940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELUCK, ROBERT E
6272 151ST TERR N
CLEARWATER, FL 33760-2049**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIAMS, FORREST E
6272 151ST TERR N
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VD
VANATTER, DOUG
784 GLENGARY LANE
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VD
DONOVAN, KAREN
13946 105 TJ AVE
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MORRISON, PAT
417 FIFTH AVE SW
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WILLIAMS, MARTHA L
6272 151ST TERR N
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOREHAND, DON
1715 30TH LANE SW
LARGO, FL 33774**

000000427719
02/21/06-80019-018 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORREST E. WILLIAMS

3/6/06 727-531-1804

Date

Daytime Phone #