

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 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**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2861940	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELACK, 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, 2007**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD VANATTER, DOUG 784 GLENGARY LANE PALM HARBOR, FL 34683
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD DONOVAN, KAREN 13948 105 TJ AVE LARGO, FL 33774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRISON, PAT 417 FIFTH AVE SW LARGO, FL 33770
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, MARTHA L 6272 151ST TERR N CLEARWATER, FL 33760
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREHAND, DON 1715 30TH LANE SW LARGO, FL 33774
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01/12/07-80056-021 61.25

**DO NOT WRITE
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

1/12/07

727-531-1804

Daytime Phone #