

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90048 029 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2861940				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELACK, ROBERT E 6272 151ST TERR N CLEARWATER, FL 33760-2049			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	1VD VANATTER, DOUG 784 GLENGARY LANE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD DONOVAN, KAREN 13946 105 TJ AVE LARGO, FL 33774	<input type="checkbox"/> Delete			
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	TD WILLIAMS, MARTHA L 6272 151ST TERR N CLEARWATER, FL 33760	<input type="checkbox"/> Delete			
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	IVD FOREHAND, DON 1715 30TH LANE SW LARGO, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANATTER, DOUG 784 GLENGARY LANE PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Forrest E. Williams</i> FORREST E. WILLIAMS 1/16/08 727-531-1804 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					