

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735677

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** THE APALACHICOLA AREA HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

THE RANEY HOUSE MUSEUM  
P.O. BOX 75  
APALACHICOLA, FL 323290075 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE RANEY HOUSE MUSEUM  
P.O. BOX 75  
APALACHICOLA, FL 323290075 US

**New Mailing Address:**

**FEI Number:** 59-1677700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOODY, LAURA R  
26 15TH STREET  
APALACHICOLA, FL 32320 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOODY, LAURA  
Address: 26 15TH STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: V ( ) Delete  
Name: SPOHRER, BILL  
Address: 127 AVENUE B  
City-St-Zip: APALACHICOLA, FL 32320

Title: SD ( ) Delete  
Name: TAYLOR, SHIRLEY  
Address: 126 HICKORY DIP RD  
City-St-Zip: EASTPOINT, FL 32328

Title: TD ( ) Delete  
Name: MOODY, CLEVELAND A  
Address: 26 FIFTEENTH STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete  
Name: WATKINS, R. BEDFORD  
Address: 217 N BAYSHORE DR  
City-St-Zip: EASTPOINT, FL 32328

Title: D ( ) Delete  
Name: GREER, HELEN  
Address: 176 N BAYSHORE DR  
City-St-Zip: EASTPOINT, FL 32328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: CRONKITE, SUE  
Address: 125 22ND AVENUE  
City-St-Zip: APALACHICOLA, FL 32320

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: ADLERSTEIN, DAVID M  
Address: P.O. BOX 224  
City-St-Zip: APALACHICOLA, FL 32329

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID ADLERSTEIN

TD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date