2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735677

FILED Apr 27, 2008 Secretary of State

Entity Name: THE APALACHICOLA AREA HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

THE RANEY HOUSE MUSEUM THE RANEY HOUSE MUSEUM

MARKET STREET AND AVENUE F 128 MARKET STREET

APALACHICOLA, FL 323290075 US APALACHICOLA, FL 32320 US

Current Mailing Address: New Mailing Address:

THE RANEY HOUSE MUSEUM P.O. BOX 75

APALACHICOLA, FL 323290075 US

FEI Number: 59-1677700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOODY, LAURA R SPOHRER, BILL 26 15TH STREET 127 AVENUE B

APALACHICOLA, FL 32320 US APALACHICOLA, FL 32320 US

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: BILL SPOHRER 04/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: MOODY, LAURA Name: SPOHRER, BILL

Address: 26 15TH STREET Address: 127 AVE. B

City-St-Zip: APALACHICOLA, FL 32320 City-St-Zip: APALACHICOLA, FL 32320

 Name:
 CRONKITE, SUE
 Name:
 CRONKITE, SUE

 Address:
 125 22ND AVENUE
 Address:
 125 22ND AVENUE

City-St-Zip: APALACHICOLA, FL 32320 City-St-Zip: APALACHICOLA, FL 32320

Title: SD () Delete Title: () Change () Addition Name: TAYLOR, SHIRLEY Name:

 Name:
 TAYLOR, SHIRLEY
 Name:

 Address:
 126 HICKORY DIP RD
 Address:

 City-St-Zip:
 EASTPOINT, FL 32328
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 ADLERSTEIN, DAVID M
 Name:

 Address:
 P.O. BOX 224
 Address:

 City-St-Zip:
 APALACHICOLA, FL 32329
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WATKINS, R. BEDFORD
 Name:

 Address:
 217 N BAYSHORE DR
 Address:

 City-St-Zip:
 EASTPOINT, FL 32328
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CURENTON, MARK C
 Name:

 Address:
 P.O. BOX 131
 Address:

 City-St-Zip:
 APALACHICOLA, FL 32329
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 M. ADLERSTEIN T 04/27/2008