

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735677

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE APALACHICOLA AREA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

THE RANEY HOUSE MUSEUM
128 MARKET STREET
APALACHICOLA, FL 32320 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:

SPOHRER, BILL
127 AVENUE B
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: SPOHRER, BILL
Address: 127 AVE. B
City-St-Zip: APALACHICOLA, FL 32320

Title: VD () Delete
Name: CRONKITE, SUE
Address: 125 22ND AVENUE
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: ADLERSTEIN, DAVID M
Address: P.O. BOX 224
City-St-Zip: APALACHICOLA, FL 32329

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

Title: D () Delete
Name: CURENTO, MARK C
Address: P.O. BOX 131
City-St-Zip: APALACHICOLA, FL 32329

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: BILL SPOHRER

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date