

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735677

FILED
Apr 18, 2011
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:

APALACHICOLA AREA HISTORICAL SOCIETY
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:

CURENTON, MARK
34 FORBES STREET
SUITE 1
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
Name: DALY, THOMAS
Address: PO BOX 75
City-St-Zip: APALACHICOLA, FL 32329

Title: VD
Name: ADLERSTEIN, DAVID
Address: PO BOX 224
City-St-Zip: APALACHICOLA, FL 32329

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

Title: TD
Name: EDWARDS, FRAN H
Address: PO BOX 405
City-St-Zip: EASTPOINT, FL 32328

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

Title: D
Name: CLEMENTSON, SUSAN
Address: P.O. BOX 338
City-St-Zip: APALACHICOLA, FL 32329

I hereby 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 all other like empowered.

SIGNATURE: FRANCES H EDWARDS

TD

04/18/2011

Electronic Signature of Signing Officer or Director

_____ Date