


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90165 010 \*\*\*\*61.25

|   |                         |   |   |   |  |
|---|-------------------------|---|---|---|--|
| <b>DOCUMENT # 739937</b><br>1. Entity Name<br><b>THE ARCHER HISTORICAL SOCIETY, INC.</b>  |                         |   |   |  |  |
| Principal Place of Business<br><b>W. MAIN ST. MAGNOLIA ST.<br/>PO BOX 1400<br/>ARCHER, FL 32618 US</b>  |                         |   |   | Mailing Address<br><b>PO BOX 1400<br/>ARCHER, FL 32618-1400 US</b>                |  |
| 2. Principal Place of Business  |                         | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                         | City & State  |   |   |  |
| Zip   | Country                 | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |                         |   |   | 7. Name and Address of New Registered Agent                                       |  |
| DAVIS, HARRIET B.<br>300 E PEACHTREE ST<br>ARCHER, FL 32618   |                         |   |   | Name  |  |
|   |                         |   |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |                         |   |   | City  |  |
|   |                         |   |   | FL Zip Code   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                         |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |  |
|   |                         | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE   | P                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | DENTON, PHILLIP         |   | NAME  |   |  |
| STREET ADDRESS  | 18525 S.W. 111TH AVENUE |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ARCHER, FL 32618        |   | CITY-ST-ZIP   |   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | HOPE, MARY              |   | NAME  |   |  |
| STREET ADDRESS  | PO BOX 177              |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ARCHER, FL 32618        |   | CITY-ST-ZIP   |   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | NATIELL, HERBERT        |   | NAME  |   |  |
| STREET ADDRESS  | PO BOX 112              |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ARCHER, FL 32618        |   | CITY-ST-ZIP   |   |  |
| TITLE   | T                       | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME  | DAVIS, HARRIETT B       |   | NAME  |   |  |
| STREET ADDRESS  | 300 E PEACHTREE STREET  |   | STREET ADDRESS  | 16311 SW 139th Ave  |  |
| CITY-ST-ZIP   | ARCHER, FL 32618        |   | CITY-ST-ZIP   |   |  |
| TITLE   | VP                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | BEHRINGER, JANE         |   | NAME  |   |  |
| STREET ADDRESS  | 310 WCHURCH ST.         |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ARCHER, FL 32618        |   | CITY-ST-ZIP   |   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | BENENHALEY, JENELLE     |   | NAME  |   |  |
| STREET ADDRESS  | 9320 SW 124TH ST.       |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ARCHER, FL 32618        |   | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Harriett B Davis</i>  |                         |   | 04/21/05 352) 495-2310                                |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                         |   | Date Daytime Phone #                                  |   |  |

20048191



04212005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2548216

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL