


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90008 044 ****61.25

DOCUMENT # 739937 1. Entity Name THE ARCHER HISTORICAL SOCIETY, INC.					
Principal Place of Business W. MAIN ST. MAGNOLIA ST. PO BOX 1400 ARCHER, FL 32618 US			Mailing Address PO BOX 1400 ARCHER, FL 32618-1400 US		
2. Principal Place of Business - No P.O. Box # <i>16994 SW 134 Ave</i>			3. Mailing Address Suite, Apt. #, etc.		
City & State <i>Archer, FL</i>			City & State Suite, Apt. #, etc.		
Zip <i>32618</i>			Country <i>Alachua</i>		
4. FEI Number 59-2548216			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DAVIS, HARRIET B 300 E PEACHTREE ST ARCHER, FL 32618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 <i>N/A</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENTON, PHILLIP 18525 S.W. 111TH AVENUE ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPE, MARY PO BOX 177 ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATIELL, HERBERT PO BOX 112 ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, HARRIETT B 16311 SW 139TH AVE ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEHRINGER, JANE 310 WCHURCH ST. ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PO Box 216 Archer, FL 32618-0216</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENENHALEY, JENELLE 9320 SW 124TH ST. ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 agreement with no address, with all other like empowered.					
SIGNATURE: <i>Harriett B Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>04/23/07</i> Daytime Phone #: <i>352-495-2310</i>		

(10AM-2PM)