

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739937

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE ARCHER HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

16994 SW 134 AVE
ARCHER, FL 32618 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1400
ARCHER, FL 326181400 US

New Mailing Address:

FEI Number: 59-2548216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, HARRIET B.
16311 SW 139TH AVE
ARCHER, FL 32618 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: P () Delete
Name: DENTON, PHILLIP
Address: 18525 S.W. 111TH AVENUE
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: HOPE, MARY
Address: PO BOX 177
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: NATIELL, HERBERT
Address: PO BOX 112
City-St-Zip: ARCHER, FL 32618

Title: T () Delete
Name: DAVIS, HARRIETT B
Address: 16311 SW 139TH AVE
City-St-Zip: ARCHER, FL 32618

Title: VP () Delete
Name: BEHRINGER, JANE
Address: PO BOX 216
City-St-Zip: ARCHER, FL 326180216

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:

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: HARRIETT B DAVIS

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date