

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90011 028 ****61.25

DOCUMENT # 740095 1. Entity Name THE CEDAR KEY HISTORICAL SOCIETY, INC.																																																																																																																																																					
Principal Place of Business P.O. BOX 222 CEDAR KEY, FL 32625-0222			Mailing Address P.O. BOX 222 CEDAR KEY, FL 32625-0222																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State		02282004 Chg-NP CR2E037 (10/03)																																																																																																																																																	
Zip		Country		4. FEI Number 59-1812643																																																																																																																																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																																																			
6. Name and Address of Current Registered Agent ANDREWS, JOHN 1 OLD MILL DRIVE CEDAR KEY, FL 32625				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																	
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.				FL Zip Code																																																																																																																																																	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
State check payable to Florida Department of State																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1 OLD MILL DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CEDAR KEY, FL 32625</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HELLERMAN, DORIS</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ENGLES DR AVE.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CEDAR KEY, FL 32625</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ROQUEMORE, DAVID</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11571 SW 154TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CEDAR KEY, FL 32625</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MICLEOD, GRADY</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ANDREWS CIRCLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CEDAR KEY, FL 32625</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DALE, LINDA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11750 RYE KEY DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CEDAR KEY, FL 32625</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>PD</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>BLACK, CHRISTINE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12451 SW 78TH LANE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CEDAR KEY, FL 32625</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition	STREET ADDRESS	1 OLD MILL DRIVE		STREET ADDRESS			CITY-STATE-ZIP	CEDAR KEY, FL 32625		CITY-STATE-ZIP			TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	HELLERMAN, DORIS		NAME			STREET ADDRESS	ENGLES DR AVE.		STREET ADDRESS			CITY-STATE-ZIP	CEDAR KEY, FL 32625		CITY-STATE-ZIP			TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	ROQUEMORE, DAVID		NAME			STREET ADDRESS	11571 SW 154TH AVENUE		STREET ADDRESS			CITY-STATE-ZIP	CEDAR KEY, FL 32625		CITY-STATE-ZIP			TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MICLEOD, GRADY		NAME			STREET ADDRESS	ANDREWS CIRCLE		STREET ADDRESS			CITY-STATE-ZIP	CEDAR KEY, FL 32625		CITY-STATE-ZIP			TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	DALE, LINDA		NAME			STREET ADDRESS	11750 RYE KEY DRIVE		STREET ADDRESS			CITY-STATE-ZIP	CEDAR KEY, FL 32625		CITY-STATE-ZIP			TITLE	D	☐ Delete	TITLE	PD	☒ Change ☐ Addition	NAME	BLACK, CHRISTINE		NAME			STREET ADDRESS	12451 SW 78TH LANE		STREET ADDRESS			CITY-STATE-ZIP	CEDAR KEY, FL 32625		CITY-STATE-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(g), 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: <u>David M. Freeman</u> Treasurer 3/1/04 352/543-5874 Signature and typed or printed name of signing officer or director Date Daytime Phone #																																																																																																																																																					

Attachment

Doc# 740095

24016023

Officers & Directors (continued)

Kenneth Arnold	Asst Treasurer & Director
12811 Hodgson Avenue, Cedar Key, FL 32625	
Joan Phelps	Corr. Secretary & Director
13530 SW Airport Rd, Cedar Key, FL 32625	
John Andrews	Director
1 Old Mill Drive, Cedar Key, FL 32625	
Janice Coupe	Director
Palmetto Drive, Cedar Key, FL 32625	
Linda Dale	Director
11750 Rye Key Drive, Cedar Key, FL 32625	
Emily Lukehart	Director
193 2nd Street, Cedar Key, FL 32625	
Mary Ann McEuen	Director
3041 Doctors Lake Drive, Orange Park, FL 32073	
Bill Warinner	Director
306 NE 5th Avenue, Gainesville, FL 32601	