2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 740095

1. Entity Name
THE CEDAR KEY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
7070 D STREET CEDAR KEY, FL 32625	P.O. BOX 222 CEDAR KEY, FL 32625-0222

01182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1812643
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ANDREWS, JOHN
STREET ADDRESS	1 OLD MILL DRIVE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	SD
NAME	HELLERMAN, DORIS
STREET ADDRESS	ENGLES DR AVE.
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	TD
NAME	SALAMON, GERALD
STREET ADDRESS	16850 SW 136TH PLACE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	PD
NAME	SRESOVICH, GEORGE
STREET ADDRESS	781 4TH STREET
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	D
NAME	DAVIS, HEATH
STREET ADDRESS	226 2ND STREET
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	D
NAME	STEPHENS, JULIE
STREET ADDRESS	230 1ST STREET
CITY-ST-ZIP	CEDAR KEY, FL 32625

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01/24/08-80005-025 61.25

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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 attachment with an address, with all other like empowered.

SIGNATURE: Gerald L. Salamon 1/21/2008 352-543-5897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #