2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# 740095

Entity Name: THE CEDAR KEY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

7070 D STREET
CEDAR KEY, FL 32625

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 222
CEDAR KEY, FL 326250222

New Mailing Address:

FEI Number: 59-1812643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, JOHN
1 OLD MILL DRIVE
CEDAR KEY, FL 32625 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:	VD	( ) Delete
Name:	ANDREWS, JOHN	
Address:	1 OLD MILL DRIVE	
City-St-Zip:	CEDAR KEY, FL 32625	
Title:	SD	( ) Delete
Name:	HELLERMAN, DORIS	
Address:	ENGLES DR AVE.	
City-St-Zip:	CEDAR KEY, FL 32625	
Title:	TD	( ) Delete
Name:	SALAMON, GERALD	
Address:	16850 SW 136TH PLACE	
City-St-Zip:	CEDAR KEY, FL 32625	
Title:	PD	( ) Delete
Name:	SRESOVICH, GEORGE	
Address:	781 4TH STREET	
City-St-Zip:	CEDAR KEY, FL 32625	
Title:	D	( ) Delete
Name:	DAVIS, HEATH	
Address:	226 2ND STREET	
City-St-Zip:	CEDAR KEY, FL 32625	
Title:	D	( ) Delete
Name:	STEPHENS, JULIE	
Address:	230 1ST STREET	
City-St-Zip:	CEDAR KEY, FL 32625	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	HELLERMAN, DORIS	
Address:	ENGLESIDE DRIVE	
City-St-Zip:	CEDAR KEY, FL 32625	
Title:	TD	(X) Change ( ) Addition
Name:	ROQUEMORE, DAVID	
Address:	11571 SW 154TH AVENUE	
City-St-Zip:	CEDAR KEY, FL 32625	
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: DAVID ROQUEMORE T 01/27/2009

Electronic Signature of Signing Officer or Director — Date