

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745182

FILED  
Aug 24, 2008  
Secretary of State

**Entity Name:** BAKER COUNTY HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

42 W. MCIVER AVE  
MACCLENNEY, FL 32063 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 856  
MACCLENNEY, FL 32063 US

**New Mailing Address:**

**FEI Number:** 59-2174630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WHELAN, TIMOTHY D  
7885 WINDER ROAD  
MACCLENNEY, FL 32063 US

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: RICHARDSON, DAVID  
Address: PO BOX 67  
City-St-Zip: GLEN ST. MARY, FL 32040

Title: VP ( ) Delete  
Name: THOMAS, KAREN E  
Address: 7785 WINDER ROAD  
City-St-Zip: MACCLENNEY, FL 32063 US

Title: S ( ) Delete  
Name: ELLIDGE, GAIL  
Address: 2370 WILL ELLIDGE ROAD  
City-St-Zip: SANDERSON, FL 32087 US

Title: T ( ) Delete  
Name: WHELAN, TIMOTHY D  
Address: 7785 WINDER ROAD  
City-St-Zip: MACCLENNEY, FL 32063 US

Title: D ( ) Delete  
Name: WATERS, JOAN  
Address: 7097 MILTONDALE ROAD  
City-St-Zip: MACCLENNEY, FL 32063 US

Title: D ( ) Delete  
Name: ROWE, CAROL  
Address: 4603 MULBERRY STREET  
City-St-Zip: MACCLENNEY, FL 32063 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHELL, KEVIN  
Address: 1139 COPPER CREEK DRIVE  
City-St-Zip: MACCLENNEY, FL 32063 US

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: TIMOTHY DAVID WHELAN

T

08/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date