# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# 745182

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

**Current Principal Place of Business:**

42 W. MCIVER AVE
MACCLENNY, FL 32063 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 856
MACCLENNY, FL 32063 US

**New Mailing Address:**

**FEI Number: 59-2174630** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

WHELAN, TIMOTHY D
7885 WINDER ROAD
MACCLENNY, FL 32063 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: | SHELL, KEVIN | |
| Address: | 1139 COPPER CREEK DRIVE | |
| City-St-Zip: | MACCLENNY, FL 32063 US | |
| Title: | VP | ( ) Delete |
| Name: | THOMAS, KAREN E | |
| Address: | 7785 WINDER ROAD | |
| City-St-Zip: | MACCLENNY, 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: | MACCLENNY, FL 32063 US | |
| Title: | D | ( ) Delete |
| Name: | WATERS, JOAN | |
| Address: | 7097 MILTONDALE ROAD | |
| City-St-Zip: | MACCLENNY, FL 32063 US | |
| Title: | D | ( ) Delete |
| Name: | ROWE, CAROL | |
| Address: | 4603 MULBERRY STREET | |
| City-St-Zip: | MACCLENNY, FL 32063 US | |

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

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | S | (X) Change ( ) Addition |
| Name: | COMBS, JULIE | |
| Address: | 12616 COMBS TRAIL | |
| City-St-Zip: | SANDERSON, FL 32087 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: | | |

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 WHELAN T 04/29/2009

Electronic Signature of Signing Officer or Director — Date