

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745182

FILED
Jan 19, 2012
Secretary of State

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
Name: BEASLEY, SHELDON
Address: 6130 SOUTH COUNTY ROAD 125
City-St-Zip: MACCLENNY, FL 32063 US

Title: VP
Name: RICHARDSON, DAVID
Address: 9528 MANSION ROAD
City-St-Zip: GLEN ST MARY, FL 32040 US

Title: S
Name: THOMAS, KAREN E
Address: 7785 WINDER ROAD
City-St-Zip: MACCLENNY, FL 32063 US

Title: T
Name: WHELAN, TIMOTHY D
Address: 7785 WINDER ROAD
City-St-Zip: MACCLENNY, FL 32063 US

Title: D
Name: WATERS, JOAN
Address: 7097 MILTONDALE ROAD
City-St-Zip: MACCLENNY, FL 32063 US

Title: D
Name: RHODEN, ANGELA
Address: 11594 HOLL RHODEN ROAD
City-St-Zip: GLEN ST. MAY, FL 32040 US

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY WHELAN

T

01/19/2012

Electronic Signature of Signing Officer or Director

Date