

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # 760659	
1. Entity Name	
ALTAMONTE SPRINGS HISTORICAL SOCIETY, INC..	



Principal Place of Business	Mailing Address
ALTAMONTE SPRINGS LIBRARY 281 N MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701 US	380 LAKE SEMINARY CIR MAITLAND FL 32751 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	59-2160098	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REGISTER, OPAL 380 LAKE SEMINARY CIR MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name
Street Address (P O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

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

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	
NAME	MYERS, ALICE	NAME	
STREET ADDRESS	3365 EVERGREEN ROAD	STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	SMITH, DOROTHY	NAME	
STREET ADDRESS	244 ALTAMONTE BAY CLUD ORANE AVE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32751	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	REGISTER, OPAL	NAME	
STREET ADDRESS	380 LAKE SEMINARY CIR	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	LASTER, DOROTHY	NAME	
STREET ADDRESS	125 E ORANGE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	BROCK, MARION	NAME	
STREET ADDRESS	222 ADELAIDE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

U00000350362  
05/02/05-80100-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Opal Register - OPAL REGISTER April 27, 2005 407-339-2337