

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760659

FILED
Apr 29, 2009
Secretary of State

Entity Name: ALTAMONTE SPRINGS HISTORICAL SOCIETY, INC..

Current Principal Place of Business:

ALTAMONTE SPRINGS LIBRARY
281 N MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

380 LAKE SEMINARY CIR
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-2160098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTER, OPAL
380 LAKE SEMINARY CIR
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

REGISTER, OPAL RA
380 LAKE SEMINARY CIR
MAITLAND, FL 32751 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: OPAL REGISTER

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MYERS, ALICE
Address: 3365 EVERGREEN ROAD
City-St-Zip: ZELLWOOD, FL

Title: VPD (X) Delete
Name: LUDY, DANI
Address: 937 VINERIDGE DRIVE #107
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: BIERMAN, CARMEN
Address: 724 LAKE AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: REGISTER, OPAL
Address: 380 LAKE SEMINARY CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: BROCK, MARION
Address: 222 ADELAIDE BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: OPAL REGISTER

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date