2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 764802

Entity Name: SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

120 SAMS AVE.
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 968
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-2451690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, RICHARD
808 LOCUST ST
NEW SMYRNA BEACH, FL 32169 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:	NEWELL, RICHARD	
Address:	808 LOCUST ST	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	VP	( ) Delete
Name:	HOLBROOK, GREG	
Address:	1160 CORBIN PRK DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	DECKER, NORMAN	
Address:	2612 AUBRAN AVE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	T	( ) Delete
Name:	SKATES, LARRY	
Address:	424 BOUCHELLE DR, # 301	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	S	( ) Delete
Name:	MARINEK, MARY L	
Address:	333 PINE BREEZE DRIVE	
City-St-Zip:	EDGEWATER, FL 32141	
Title:	D	( ) Delete
Name:	CRUNKILTON, DIANE	
Address:	4311 SEA MIST DR, UNIT 236	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

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:	
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: LARRY SKATES T 03/23/2009

Electronic Signature of Signing Officer or Director — Date