2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# 765996

Entity Name: GRANT HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

PO BOX 55
GRANT, FL 32949

New Principal Place of Business:

5795 S US HWY 1
GRANT, FL 32949

Current Mailing Address:

PO BOX 55
GRANT, FL 32949

New Mailing Address:

FEI Number: 59-2265430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRADER, EDWARD L.
5079 HWY U.S. #1
MELBOURNE, FL 32901 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:	VD	( ) Delete
Name:	KING, JACK	
Address:	6880 WHISPERING PINES LANE	
City-St-Zip:	GRANT, FL 32949	
Title:	S	( ) Delete
Name:	BAKER, JOANNA	
Address:	4420 1ST STREET	
City-St-Zip:	GRANT, FL 32949	
Title:	T	( ) Delete
Name:	POORE, THOMAS W	
Address:	6065 US HWY. 1, P.O. BOX 69	
City-St-Zip:	GRANT, FL 32949	
Title:	D	( ) Delete
Name:	COMBS, BETTY	
Address:	660 GRANDEAU ST. SE	
City-St-Zip:	GRANT, FL 32949	
Title:	D	( ) Delete
Name:	ORMOND, CONRAD	
Address:	PO BOX 121	
City-St-Zip:	GRANT, FL 32949	

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:	

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: THOMAS POORE T 04/25/2009

Electronic Signature of Signing Officer or Director — Date