

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90012 006 \*\*\*\*61.25

|                                                                                                                |                                                                                   |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 768212</b><br>1. Entity Name<br><b>EUSTIS HISTORICAL MUSEUM &amp; PRESERVATION SOCIETY, INC.</b> |  |
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|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>536 N. BAY STREET<br/>EUSTIS FL 32726</b> | Mailing Address<br><b>536 N. BAY STREET<br/>EUSTIS FL 32726</b> |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                                      |                                                                          |
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| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|



1st MOORE CR2E037 (10/05)

|                                                                                                                               |                                                                                    |
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| 4. FEI Number<br><b>59-2351008</b>                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                   |                                                                                    |
| 6. Name and Address of Current Registered Agent<br><b>HERBST, BRENDA<br/>1402 ST ANDREWS BLVD<br/>EUSTIS FL 32726</b>         |                                                                                    |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                                                                    |

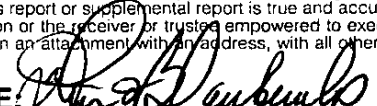
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

|                                                        |                                                                                                                 |                                                              |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
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|                                                                        |                                            |                                                                            |                                                                              |
|------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                                             |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>GILLIES, JIM<br/>1233 TYRIGAM ROAD<br/>EUSTIS FL 32726</b>          |                                            |                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>D<br/>TRASK, ARET E<br/>15800 DORA AVE<br/>EUSTIS FL</b>            |                                            |                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>P<br/>MCCLELLAN, BETTY<br/>702 ZIMMIT<br/>EUSTIS FL 32726</b>       |                                            |                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>T<br/>HATFIELD, MARY<br/>37430 OAK LANE<br/>UMATILLA FL 32784</b>   |                                            | <b>Mr. John Blankenship<br/>1748 Lake Terrace Dr.<br/>Eustis, FL 32726</b> |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>D<br/>RYAN, ROBERT D<br/>1107 SPRUCE COURT<br/>TAVARES FL 32778</b> |                                            |                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>D<br/>DENLINGER, BOBBIE<br/>100 FROST WAY<br/>EUSTIS FL 32726</b>   |                                            |                                                                            |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  **JOHN I. BLANKENSHIP** 5/1/06 352-483-0046