2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005185

1. Entity Name
THE ALACHUA HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
11012 NW 202ND ST. ALACHUA, FL 32615	11012 NW 202ND ST. ALACHUA, FL 32615

DO NOT WRITE IN THIS SPACE

01112008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3664225	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOMPKINS, DARRYL J
14420 NW 151ST BLVD.
ALACHUA, FL 32615

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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: _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MATTHEWS, EMELIE
STREET ADDRESS	11012 NW 202ND ST.
CITY-ST-ZIP	ALACHUA, FL 32615

TITLE	T
NAME	CALDERWOOD, HUGH
STREET ADDRESS	PO BOX 297 2307
CITY-ST-ZIP	ALACHUA, FL 32615

TITLE	S
NAME	TAYLOR, VALERIE
STREET ADDRESS	14001 NW 166TH TERR.
CITY-ST-ZIP	ALACHUA, FL 32615

TITLE	H
NAME	HORNER, VADA
STREET ADDRESS	PO BOX 297
CITY-ST-ZIP	ALACHUA, FL 32615

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Hugh Calderwood_   Hugh Calderwood   1/13/05   386-462-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #