

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005185

FILED
Mar 26, 2009
Secretary of State

Entity Name: THE ALACHUA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

11012 NW 202ND ST.
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

11012 NW 202ND ST.
ALACHUA, FL 32615

New Mailing Address:

P.O. BOX 97
ALACHUA, FL 32616

FEI Number: 59-3664225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOMPKINS, DARRYL J
14420 NW 151ST BLVD.
ALACHUA, FL 32615 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: MATTHEWS, EMELIE
Address: 11012 NW 202ND ST.
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: CALDERWOOD, HUGH
Address: POB 2307
City-St-Zip: ALACHUA, FL 32615

Title: S () Delete
Name: TAYLOR, VALERIE
Address: 14001 NW 166TH TERR.
City-St-Zip: ALACHUA, FL 32615

Title: H () Delete
Name: HORNER, VADA
Address: PO BOX 297
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: P () Change (X) Addition
Name: MATTHEWS, ARCHIE L
Address: 11012 NW 202ND STREET
City-St-Zip: ALACHUA, FL 32615

Title: VP () Change (X) Addition
Name: GIB, COERPER
Address: PO BOX 97
City-St-Zip: ALACHUA, FL 32615

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: EMELIE L. MATTHEWS

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date