

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90002 001 ****61.25

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1. Entity Name
THE LAKE MARY HISTORICAL SOCIETY, INC.



Principal Place of Business
**158 NORTH COUNTRY CLUB ROAD
LAKE MARY, FL 32746**

Mailing Address
**PO BOX 953874
LAKE MARY, FL 32795-3874**

50023900



2. Principal Place of Business

3. Mailing Address

PO BOX 953874

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262006

Chg-NP

CR2E037 (4/06)

City & State

City & State
LAKE MARY FL

4. FEI Number
65-1063490

Applied For

Not Applicable

Zip

Country

Zip

Country

32746

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, PEGGY
153 CLYDE AVENUE
LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent

Name

CORA RICE

Street Address (P.O. Box Number is Not Acceptable)

110 E GREENTREE LN

City

LAKE MARY

FL

Zip Code

32746

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

CORA RICE, PRES

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **JERNIGAN, JAN**
STREET ADDRESS **501 MOURNING DROVE CIRCLE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☒ Delete
NAME **WOLFE, PEGGY**
STREET ADDRESS **153 CLYDE AVE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☐ Delete
NAME **BEAL, KAREN**
STREET ADDRESS **4240 LAKE MARY BLVD.**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Delete
NAME **ROWELL, MARY**
STREET ADDRESS **2329 ROANOKE COURT**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CORA RICE, PRES** ☐ Change ☒ Addition
NAME
STREET ADDRESS **110 E GREENTREE LN**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **MARY JANE DRYER** ☐ Change ☒ Addition
NAME
STREET ADDRESS **235 CLEMONT RD**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **MARY ROWELL SEC** ☐ Change ☐ Addition
NAME
STREET ADDRESS **2329 ROANOKE CT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **KAREN BEAL TREK** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1406 SWAMP LN**
CITY-ST-ZIP **GENEVA FL 32732**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Karen Beal Treker

Date

7/26/06 407 853 2459

Daytime Phone #