


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008585 1. Entity Name GRACEVILLE HISTORICAL SOCIETY INC.	
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Principal Place of Business 1070 8TH AVENUE GRACEVILLE FL 32440	Mailing Address 1070 8TH AVENUE GRACEVILLE FL 32440
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-3682203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WICKSELL, CAROLYN 1070 8TH AVENUE GRACEVILLE FL 32440

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;"> PD WICKSELL, CAROLYN 1070 8TH AVENUE GRACEVILLE FL 32440 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	PD WICKSELL, CAROLYN 1070 8TH AVENUE GRACEVILLE FL 32440	<input type="checkbox"/> Delete		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Carolyn Wicksell - Carolyn Wicksell 2-20-04 (850) 263-3951