

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90058 034 ****61.25

DOCUMENT # N0100008585

1. Entity Name

GRACEVILLE HISTORICAL SOCIETY INC.



Principal Place of Business

1070 8TH AVENUE
GRACEVILLE FL 32440

Mailing Address

1070 8TH AVENUE
GRACEVILLE FL 32440

JUL 14 2005

2. Principal Place of Business

5369 Cotton Street

Suite, Apt. #, etc.

3. Mailing Address

5369 Cotton St.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Graceville, FL

City & State

Graceville, FL

4. FEI Number

59-3682203

Applied For

Not Applicable

Zip

32440

Country

USA

Zip

32440

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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)

5369 Cotton Street

City

Graceville

FL

Zip Code

32440

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	WICKSELL, CAROLYN	
STREET ADDRESS	1070 8TH AVENUE	
CITY - ST - ZIP	GRACEVILLE FL 32440	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PITTS, JOYCE	
STREET ADDRESS	5382 COLLEGE DRIVE	
CITY - ST - ZIP	GRACEVILLE FL 32440	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, LAURA	
STREET ADDRESS	988 9TH AVENUE	
CITY - ST - ZIP	GRACEVILLE FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, ANNIE L	
STREET ADDRESS	1125 11TH AVENUE	
CITY - ST - ZIP	GRACEVILLE FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, JOE B	
STREET ADDRESS	5374 COTTON STREET	
CITY - ST - ZIP	GRACEVILLE FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, JOHN	
STREET ADDRESS	1113 10TH AVENUE	
CITY - ST - ZIP	GRACEVILLE FL 32440	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Nick	
STREET ADDRESS	1180 10th Ave	
CITY - ST - ZIP	Graceville, FL 32440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Mae Windsor	
STREET ADDRESS	5360 Brown St	
CITY - ST - ZIP	Graceville, FL 32440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Jerry Mae Windsor Jerry Mae Windsor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-263-3777

Daytime Phone #