

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # N01000008585
 1. Entity Name
GRACEVILLE HISTORICAL SOCIETY INC.



Principal Place of Business
5369 COTTON STREET
GRACEVILLE, FL 32440

Mailing Address
5369 COTTON STREET
GRACEVILLE, FL 32440



01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3682203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WICKSELL, CAROLYN
5369 COTTON STREET
GRACEVILLE, FL 32440

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WICKSELL, CAROLYN 1070 8TH AVENUE GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, LAWRENCE 1302 11TH AVE GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINDSOR, JERRY MAE 5360 BROWN ST GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, JEAN 5381 COLLEGE DR GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KOHN, ANNIE J 1020 8TH AVE GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, MARY L 5397 COOPER ST GRACEVILLE, FL 32440

U00000697214
 04/18/07-80031-022 61.25

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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: *Carolyn Wicksell* **4-4-07** **850 263-3951**

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