

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 24, 2009  
Secretary of State

DOCUMENT# N01000008585

Entity Name: GRACEVILLE HISTORICAL SOCIETY INC.

**Current Principal Place of Business:**

5369 COTTON STREET  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

5369 COTTON STREET  
GRACEVILLE, FL 32440

**New Mailing Address:**

FEI Number: 59-3682203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WICKSELL, CAROLYN  
5369 COTTON STREET  
GRACEVILLE, FL 32440      US

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: PD      ( ) Delete  
Name: WICKSELL, CAROLYN  
Address: 1070 8TH AVENUE  
City-St-Zip: GRACEVILLE, FL 32440

Title: D      ( ) Delete  
Name: BRYAN, LAWRENCE  
Address: 1302 11TH AVE  
City-St-Zip: GRACEVILLE, FL 32440

Title: STD      ( ) Delete  
Name: WINDSOR, JERRY MAE  
Address: 5360 BROWN ST  
City-St-Zip: GRACEVILLE, FL 32440

Title: D      ( ) Delete  
Name: HODGES, JOE BILL  
Address: 5374 COTTON ST  
City-St-Zip: GRACEVILLE, FL 32440

Title: VP      ( ) Delete  
Name: JOHNS, BOBBY  
Address: 5884 HWY 77  
City-St-Zip: GRACEVILLE, FL 32440

Title: D      ( ) Delete  
Name: FOWLER, MARY L  
Address: 5397 COOPER ST  
City-St-Zip: GRACEVILLE, FL 32440

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JERRY MAE WINDSOR

STD

07/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date