

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008585

FILED  
Jan 17, 2011  
Secretary of State

**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 ( )**

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

WICKSELL, CAROLYN  
5369 COTTON STREET  
GRACEVILLE, FL 32440 US

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

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  
Name: WICKSELL, CAROLYN  
Address: 5369 COTTON STREET  
City-St-Zip: GRACEVILLE, FL 32440

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JERRY MAE WINDSOR

STD

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date