


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90054 019 ****61.25

DOCUMENT # N01764 1. Entity Name SANFORD HISTORICAL SOCIETY, INC.					
Principal Place of Business 520 E. FIRST ST. SANFORD, FL 32771			Mailing Address PO BOX 168 SANFORD, FL 32772 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2661655	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACOBS, CARLTON J 204 LARKWOOD DRIVE SANFORD, FL 32771			Name JOSEPH F. HUNT Street Address (P.O. Box Number is Not Acceptable) 901 POWAATAN DRIVE City SANFORD FL Zip Code 32771		
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 <u><i>Joseph F. Hunt</i></u> TREASURER 1/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANN, PATTY		NAME		
STREET ADDRESS	120 MAYFAIR COURT		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBS, JAY		NAME		
STREET ADDRESS	204 LARKWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32777		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNT, JOE		NAME		
STREET ADDRESS	901 POWAATAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKATES, BETTE		NAME	VP SKATES, BETTE	
STREET ADDRESS	1108 PARK AVE.		STREET ADDRESS	1108 PARK AVE.	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRACE, STINECIPHER M		NAME		
STREET ADDRESS	2401 OAK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CONNIE		NAME	D WILLIAMS, CONNIE	
STREET ADDRESS	1203 WASHINGTON DRIVE		STREET ADDRESS	1203 WASHINGTON DRIVE	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL 32771	
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: <u><i>Joseph F. Hunt</i></u> TREASURER 1/24/05 407-322-6989 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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