

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01764

FILED
Apr 22, 2009
Secretary of State

Entity Name: SANFORD HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

520 E. FIRST ST.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 168
SANFORD, FL 32772 US

New Mailing Address:

FEI Number: 59-2661655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, CARLTON J
204 LARKWOOD DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

HUNT, JOSEPH F
901 POWHATAN DRIVE
SANFORD, FL 32771 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: JOSEPH F. HUNT

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, WALTER
Address: P.O. BOX 926
City-St-Zip: SANFORD, FL 32772

Title: VD () Delete
Name: FLEWELLYN, VALADA
Address: 1754 MARKHAM GLEN
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: JOSEPH, HUNT F
Address: 901 POWHATAN DRIVE
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: HODGINS, PAUL
Address: 119 LAKEWOOD DRIVE
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: GRACE, STINECIPHER M
Address: 2401 OAK AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: WILLIAMS, CONNIE
Address: 1203 WASHINGTON DRIVE
City-St-Zip: SANFORD, FL 32771

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
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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: JOSEPH F. HUNT

TREA

04/22/2009

Electronic Signature of Signing Officer or Director

Date