

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 08, 2004 8:00 am**  
**Secretary of State**

06-08-2004 90002 025 \*\*\*\*61.25

**DOCUMENT # N02000001149**

1. Entity Name

HISTORIC RUSS HOUSE FOUNDATION, INC.



Principal Place of Business

POST OFFICE BOX 130  
MARIANNA FL 32447

Mailing Address

POST OFFICE BOX 130  
MARIANNA FL 32447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JACKSON CO. CHAMBER OF COMMERCE  
4318 LAFAYETTE STREET  
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

Art Kimbrough  
President

(NOTE: Registered Agent Signature Required when reinstating)

DATE

6-4-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME PD  
KIMBROUGH, ART  
STREET ADDRESS 4318 LAFAYETTE STREET  
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Delete

NAME STD  
BAKER, FRANK A  
STREET ADDRESS 4431 LAFAYETTE STREET  
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Delete

NAME D  
HART, JAMES W  
STREET ADDRESS 7371 COX ROAD  
CITY-ST-ZIP BASCOM FL 32423

TITLE ☐ Delete

NAME D  
ROBERTS, ROBBY  
STREET ADDRESS 4207 LAFAYETTE STREET  
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Delete

NAME D  
GRIFFIN, KEN  
STREET ADDRESS 4636 HWY 90 EAST, SUITE E  
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Delete

NAME D  
SANSON, TOM  
STREET ADDRESS 3284 CAVERNS ROAD  
CITY-ST-ZIP MARIANNA FL 32446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Art Kimbrough  
President

Date

Daytime Phone #