2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003573

Title:

Name:

Address:

City-St-Zip:

Entity Name: ORANGE CITY HISTORICAL SOCIETY, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 315 WEST UNIVERSITY AVENUE ORANGE CITY, FL 32763 **Current Mailing Address: New Mailing Address:** 315 WEST UNIVERSITY AVENUE ORANGE CITY, FL 32763 FEI Number: 01-0701673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRICKLAND, HARLEY A 315 WEST UNIVERSITY AVENUE ORANGE CITY, FL 32763 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STRICKLAND, HARLEY A Name: Name: 315 W UNIVERSITY AVE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: Title: () Delete () Change () Addition Name: STRICKLAND, HUGH J Name: Address: 420 MAY ST Address: ORANGE CITY, FL 32763 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition JAMES, ALLEN Name: Name: 1045 E GRAVES AVENUE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: () Delete Title: () Change () Addition PROCHILO, DEVEDA Name: Name: Address: 238 EAST ROSE AVENUE Address: City-St-Zip: ORANGE CITY, FL 32763 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HARLEY A STRICKLAND PRES 04/29/2008

() Delete

1131 N WOODLAND AVENUE

HOLLAND, BELINDA

DELAND, FL 32720

() Change () Addition