

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003573

FILED
Jun 24, 2009
Secretary of State

Entity Name: ORANGE CITY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

315 WEST UNIVERSITY AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

315 WEST UNIVERSITY AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 01-0701673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRICKLAND, HARLEY A
Address: 315 W UNIVERSITY AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: STRICKLAND, HUGH J
Address: 420 MAY ST
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: JAMES, ALLEN
Address: 1045 E GRAVES AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: PROCHILLO, DEVEDA
Address: 238 EAST ROSE AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: P () Delete
Name: HOLLAND, BELINDA
Address: 1131 N WOODLAND AVENUE
City-St-Zip: DELAND, FL 32720

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
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: HARLEY A. STRICKLAND

D

06/24/2009

Electronic Signature of Signing Officer or Director

Date