

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004347

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** JUPITER ISLAND HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

2 BRIDGE ROAD  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 938  
HOBE SOUND, FL 33475

**New Mailing Address:**

**FEI Number:** 30-0087927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RANDOLPH, JOHN C ESQ  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: SD ( ) Delete  
Name: TEXTOR, JOHN  
Address: 153 GOMEZ ROAD  
City-St-Zip: HOBE SOUND, FL 33455

Title: VD ( ) Delete  
Name: PAYSON, JOHN  
Address: 230 SOUTH BEACH ROAD  
City-St-Zip: HOBE SOUND, FL 33455

Title: SD ( ) Delete  
Name: DUNNE, KATHY  
Address: 101 OSCEOLA AVENUE  
City-St-Zip: HOBE SOUND, FL 33455

Title: TD ( ) Delete  
Name: BASSETT, KATHRYN  
Address: 38 GOMEZ ROAD  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: SMITH, CHRISTOPHER  
Address: 25 NORTH BEACH ROAD  
City-St-Zip: HOBE SOUND, FL 33455

Title: PD (X) Change ( ) Addition  
Name: CAREW, KATHY  
Address: 101 OSCEOLA AVENUE  
City-St-Zip: HOBE SOUND, FL 33455

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: KATHERINE CAREW

P

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date