2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004943

1. Entity Name
ST. JOSEPH HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
1909 LONG AVE PORT ST JOE, FL 32456	P.O. BOX 231 PORT SAINT JOE, FL 32457 US

01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1744581
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, CHARLOTTE
1909 LONG AVE
PORT ST JOE, FL 32456

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	PIERCE, CHARLOTTE
STREET ADDRESS	1909 LONG AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	T
NAME	BORDELON, LYNDA
STREET ADDRESS	511 7 ST
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	T
NAME	WOOD, LINDA
STREET ADDRESS	206 LONG AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	T
NAME	HOWELL, NANCY C
STREET ADDRESS	2012 MONUMENT AVE.
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	T
NAME	SHOAF, RENEE
STREET ADDRESS	1902 MONUMENT AVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	T
NAME	MCNEILL, BETTY
STREET ADDRESS	1031 INDIAN PASS RD
CITY-ST-ZIP	PORT ST JOE, FL 32456

100000179535
01/13/05-80023-002 70.00

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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: Charlotte M. Pierce 1/11/05 850-227-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #