

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004943

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



Principal Place of Business
**1909 LONG AVE
PORT ST JOE, FL 32456**

Mailing Address
**P.O. BOX 231
PORT SAINT JOE, FL 32457 US**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PIERCE, CHARLOTTE
1909 LONG AVE
PORT ST JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BORDELON, LYNDA
511 7 ST
PORT ST JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WOOD, LINDA
206 LONG AVE
PORT ST JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOWELL, NANCY C
2012 MONUMENT AVE.
PORT ST JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SHOAF, RENEE
1902 MONUMENT AVE
PORT ST JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCNEILL, BETTY
1031 INDIAN PASS RD
PORT ST JOE, FL 32456**

U00000589276
01/18/07-80010-003 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charlotte Pierce

January 11, 2007 850-227-1471
Date Daytime Phone #