# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2009**
**Secretary of State**

DOCUMENT# N02000004943

**Entity Name:** ST. JOSEPH HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

1909 LONG AVE
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-1744581** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

PIERCE, CHARLOTTE
1909 LONG AVE
PORT ST JOE, FL 32456 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: | T | ( ) Delete |
| Name: | PIERCE, CHARLOTTE | |
| Address: | 1909 LONG AVE | |
| City-St-Zip: | PORT ST JOE, FL 32456 | |
| Title: | T | ( ) Delete |
| Name: | BORDELON, LYNDA | |
| Address: | 511 7 ST | |
| City-St-Zip: | PORT ST JOE, FL 32456 | |
| Title: | T | ( ) Delete |
| Name: | WOOD, LINDA | |
| Address: | 206 LONG AVE | |
| City-St-Zip: | PORT ST JOE, FL 32456 | |
| Title: | T | ( ) Delete |
| Name: | HOWELL, NANCY C | |
| Address: | 2012 MONUMENT AVE. | |
| City-St-Zip: | PORT ST JOE, FL 32456 | |
| Title: | T | ( ) Delete |
| Name: | SHOAF, RENEE | |
| Address: | 1902 MONUMENT AVE | |
| City-St-Zip: | PORT ST JOE, FL 32456 | |
| Title: | T | ( ) Delete |
| Name: | MCNEILL, BETTY | |
| Address: | 1031 INDIAN PASS RD | |
| City-St-Zip: | PORT ST JOE, FL 32456 | |

**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: | T | (X) Change ( ) Addition |
| Name: | PENDARVIS, PAULINE W | |
| Address: | 302 6TH ST | |
| City-St-Zip: | PORT ST JOE, FL 32456 | |
| 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: CHARLOTTE PIERCE PRES 01/10/2009

Electronic Signature of Signing Officer or Director — Date