

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005528

Entity Name: ASTOR HISTORICAL SOCIETY, INC.

FILED  
Jul 06, 2004  
Secretary of State

## Current Principal Place of Business:

24543 E. RIVER ROAD  
ASTOR, FL 32102

## New Principal Place of Business:

25018 LOYD ST  
ASTOR, FL 32102

## Current Mailing Address:

24543 E. RIVER ROAD  
ASTOR, FL 32102

## New Mailing Address:

P. O. BOX 175  
ASTOR, FL 32102

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DANIELS, SUE  
24543 E. RIVER ROAD  
ASTOR, FL 32101

## Name and Address of New Registered Agent:

DANIELS, SUE  
25018 LOYD ST/  
ASTOR, FL 32101

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: MARY SUE DANIELS

07/06/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DANIELS, SUE  
Address: 24543 RIVER ROAD  
City-St-Zip: ASTOR, FL 32102

Title: V ( ) Delete  
Name: HINKLE, KARL  
Address: 24543 RIVER ROAD  
City-St-Zip: ASTOR, FL 32102

Title: ST ( ) Delete  
Name: SUE, DANIELS  
Address: 24543 RIVER ROAD  
City-St-Zip: ASTOR, FL 32102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DANIELS, SUE  
Address: 25018 LOYD ST  
City-St-Zip: ASTOR, FL 32102

Title: V (X) Change ( ) Addition  
Name: HINKLE, KARL  
Address: 25018 LOYD ST  
City-St-Zip: ASTOR, FL 32102

Title: ST (X) Change ( ) Addition  
Name: SUE, DANIELS  
Address: 25018 LOYD ST  
City-St-Zip: ASTOR, FL 32102

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUE DANIELS

PRES

07/06/2004

Electronic Signature of Signing Officer or Director

Date