2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N03000005528

Entity Name: ASTOR HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

25018 LOYD ST
ASTOR, FL 32102

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 175
ASTOR, FL 32102

New Mailing Address:

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

Name and Address of Current Registered Agent:

DANIELS, SUE
25018 LOYD ST/
ASTOR, FL 32101 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: P ( ) Delete
Name: DANIELS, SUE
Address: 25018 LOYD ST
City-St-Zip: ASTOR, FL 32102

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

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

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:

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 P 04/26/2005

Electronic Signature of Signing Officer or Director — Date