2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90004 007 ****61.25

DOCUMENT # N03959

1. Entity Name

THE MICANOPY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
CORNER OF CHOLOKKA BLVD & BAY ST P.O. BOX 462 MICANOPY FL 32667 US	CORNER OF CHOLOKKA BLVD & BAY ST P.O. BOX 462 MICANOPY FL 32667 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2631148 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD, H.C. JR C/O HRH INSURANCE CO. OF FLA 4880 NEWBERRY RD., SUITE 100 GAINESVILLE FL 32607	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARR, MIMI 1673 NW 19TH CIRCLE GAINESVILLE FL 32605	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOB ASMUTH 9350 NW 230 ST. MICANOPY, FL 32667	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GEERS, EDWIN 10715 SW 10 TERRACE MICANOPY FL 32667	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MELANIE BARR P.O. BOX 17 GAINESVILLE, FL 32602	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STREAM, JEAN 21465 NW 39 TERR MICANOPY FL 32667	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOM BRADY P.O. BOX 523 MICANOPY, FL 32667	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THRCLSHER, ELEANOR 6424 SE 169TH AV MICANOPY FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THRASHER,	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THRASHER, JOHN 6424 SE 169TH AV MICANOPY FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Tom Brady TOM BRADY 21 JAN 04 (352)466 3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #