

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

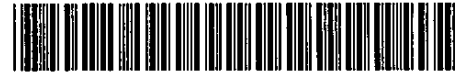
FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90058 017 ****61.25

DOCUMENT # N03959	
1. Entity Name THE MICANOPY HISTORICAL SOCIETY, INC.	

Principal Place of Business CORNER OF CHOLOKKA BLVD & BAY ST P.O. BOX 462 MICANOPY FL 32667 US	Mailing Address CORNER OF CHOLOKKA BLVD & BAY ST P.O. BOX 462 MICANOPY FL 32667 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

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 HOWARD, H.C. JR C/O HRH INSURANCE CO. OF FLA 4880 NEWBERRY RD., SUITE 100 GAINESVILLE FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASMUTH, BOB 9350 NW 230 ST. MICANOPY FL 32667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ED GEERS 10713 SW 10 TERRACE MICANOPY, FL 32667 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARR, MELANIE P.O. BOX 17 GAINESVILLE FL 32602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADY, TOM P.O. BOX 523 MICANOPY FL 32667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THRASHER, ELENOR 6424 SE 169TH AV MICANOPY FL 32667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIMI CARR 1673 NW 19 CIRCLE GAINESVILLE, FL 32605 ☐ 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, TREASURER** **24 JAN 05 (352) 466-3357**