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	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

1st MOORE CR2E037 (10/04)

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

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (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

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	P ED GEERS 10715 SW 10TERRACE MICANOPY, FL 32667	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARR, MELANIE P.O. BOX 17 GAINESVILLE FL 32602	☐ Delete	S	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRADY, TOM P.O. BOX 523 MICANOPY FL 32667	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THRASHER, ELENOR 6424 SE 169TH AV MICANOPY FL 32667	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THRASHER, JOHN 6424 SE 169TH AV MICANOPY FL 32667	■ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #