

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 034 ****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



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

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, 2006

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

TITLE **P** ☐ Delete
NAME **GEERS, ED**
STREET ADDRESS **10715 SW 10 TERRACE**
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **S** ☒ Delete
NAME **BARR, MELANIE**
STREET ADDRESS **P.O. BOX 17**
CITY-ST-ZIP **GAINESVILLE FL 32602**

TITLE **T** ☐ Delete
NAME **BRADY, TOM**
STREET ADDRESS **P.O. BOX 523**
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **D** ☐ Delete
NAME **THRASHER, ELENOR**
STREET ADDRESS **6424 SE 169TH AV**
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **VP** ☐ Delete
NAME **CARR, MIMI**
STREET ADDRESS **1673 NW 19 CIRCLE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **JEAN STREAM**
STREET ADDRESS **21465 NW 39TH TERRACE**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, TREASURER** 19 JAN 06 (352) 466-3357